

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17090

State File No. \_\_\_\_\_

FILED MAY 21 1956

REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 15-56

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbia Rt. 1</u> d. STREET ADDRESS (If rural, give location) <u>Osage twp</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u> b. (Middle) <u>William</u> c. (Last) <u>Gudeman</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>2</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH (Month) <u>Jan</u> (Day) <u>5</u> (Year) <u>1954</u>
9. AGE (In years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman J. Gudeman</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalin Francis Bax</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>H. J. Gudeman</u> ADDRESS <u>Tuscumbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES <u>Asphyxiation from Phrenobutal</u> DUE TO (b) <u>Accidental taking</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8719</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>5-2-</u> , 19 <u>56</u> , to <u>5-2-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-2-</u> , 19 <u>56</u> , and that death occurred at <u>9:30 P.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Deputy or title) <u>M. E. Humphrey, D.O.</u>		23b. ADDRESS <u>Tuscumbia, Mo.</u>	
23c. DATE SIGNED <u>5-4-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/4/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony</u>	
24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u> ADDRESS <u>Hedges Funeral Homes Iberia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 5, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. E. Kallenbach</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

RECEIVED

MAY 1 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*Walter P. Neely*

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. *4265-1*

P. O. Address *Meriden, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.