

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27622

State File No. _____

FILED AUG 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5756</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Detterson Township</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. Belle</u> <u>0630</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) _____		c. (Last) <u>Autderheide</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 21 - 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Nov 13 - 1892</u>			
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Const.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edwin H. Autderheide</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Koenig</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-03-1930</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Elmer Stachon - Belle - Mo.</u> ADDRESS _____					
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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Aug 21, 1956</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>Belle, Mo.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. A. Schenckel</u> (Degree or title) _____				23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>8/22/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug 23 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belle - Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-23-56</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. SIGNED BY MEDICAL EXAMINER <u>Charles J. Smith</u> ADDRESS <u>Belle - Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 1956

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..

Student.....
Signature of Student Embalmer

Signed *Chas. S. Sessman*.....

Licensed Embalmer No. *4178*

P. O. Address *Blaine, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.