

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010478

FILED VS MAR 21 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 53 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Length of stay in 1b 6 hrs	c. CITY OR TOWN HERMANN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 408 W. 12th ST
3. NAME OF DECEASED (Type or print) First INALTER Middle HENRY Last KAEDING		4. DATE OF DEATH Month MARCH Day 11 Year 1960	
5. SEX MALE	6. COLOR OR RACE CAU.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/1/1898
9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE HOLDER		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC OFFICE	11. BIRTHPLACE (City and state or country) BLAND MO
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME SAMUEL KAEDING	
13b. MOTHER'S MAIDEN NAME MARY KRAUSE		14. NAME OF HUSBAND OR WIFE ELNORA KAEDING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 497-05-5802	17. INFORMANT Address ELNORA KAEDING HERMANN MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RUPTURE OF ANEURYSM, ABDOMINAL AORTA			INTERVAL BETWEEN ONSET AND DEATH 20 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3-10-60 to 3-12-60 and last saw him alive on 3-12-60 Death occurred at 2:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or Title) George M. Workman M.D.		22b. ADDRESS Hermann, Missouri	22c. DATE SIGNED 3-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/14/1960	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	23d. LOCATION (City, town, or county) HERMANN MO
24. FUNERAL DIRECTOR ADDRESS HUGO H. BLUMER Hermann MO	25. DATE RECD. BY LOCAL REG. 3/14/60	26. REGISTRAR'S SIGNATURE F. Widmann	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roger W. Bumer

Licensed Embalmer No. 5055

P. O. Address Demond

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to conform 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.