No. 300
10.48

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16909

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 130 Bedford

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
d. STREET ADDRESS (If rural, give location): 130 Bedford

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Ann
c. (Last): Hedges

4. DATE OF DEATH (Month) (Day) (Year): May 10th 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 26th 1879
9. AGE (In years last birthday): 69 — If under 1 year: Months 4, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: John Robinson
13b. MOTHER'S MAIDEN NAME: Matilda Whitaker
14. NAME OF HUSBAND OR WIFE: James W. Hedges

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: James W. Hedges
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension + arteriosclerosis — 10 yr
DUE TO (c) 234X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Ch myocarditis — 2 yr

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) m.:
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* June, 1940, *to* May 10, 1949, *that I last saw the deceased alive on* May 10, 1949, *and that death occurred at* 1:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Griffith (Degree or title) M.D.
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: 5-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12th 1949
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly Mo

DATE REC'D BY LOCAL REG.: 5-11-49
REGISTRAR'S SIGNATURE: Leah Williams Towles
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son
ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 7 1949

JAN 1 9 1951

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.

Signed Frank B. McWell

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly 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.