

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 1 1949

22606

State File No.

BIRTH NO. 39930-49 REG. DIST. NO. 423 PRIMARY REG. DIST. NO. 1000 Registrar's No. 811

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY OR TOWN <u>St. Joseph</u> (If outside corporate limits, write BURL and give township) <u>117 & 15th St</u> c. LENGTH OF STAY (in this place) <u>1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write BURL and give township) OR TOWN <u>St Joseph Missouri</u> d. STREET ADDRESS (If rural, give location) <u>2514 S 16th St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hedges</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 49</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-21-49</u>		
9. AGE (In years last birthday) <u>0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			

13a. FATHER'S NAME <u>Everett Wallace Hedges</u>	13b. MOTHER'S MAIDEN NAME <u>Olive Marie Pike</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett W. Hedges</u>	ADDRESS <u>2514 So. 10th St. Joseph, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>1949</u> <u>7/26</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 7-21, 1949, to 7-22, 1949, that I last saw the deceased alive on 7-21, 1949, and that death occurred at 12 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clifford L Steedley D.O.</u>	23b. ADDRESS <u>8011/2 Francis St</u>	23c. DATE SIGNED <u>7.22.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 24, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Long Branch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 27, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. P. Sideraden</u> <u>602 So. 10th St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No. _____

Did not Embalm

Signed *Mollie E. Sidenfaden F.O.*

Signed.....
Student Embalmer

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, Mo.*

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

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