

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

27480

State File No. ....

FILED AUG 17 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 22

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Morgan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Twp.</u> c. LENGTH OF STAY (In this place) <u>7 1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 miles S. E. of Stover</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Haw Creek Twp.</u> d. STREET ADDRESS (If rural, give location) <u>6 Miles S. E. of Stover</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Walter</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hedrick</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 7 1949</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 9, 1930</u>
<b>9. AGE</b> (In years last birthday) <u>18</u>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <u>Laborer</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>B. L. Hedrick</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Clary Buskirk</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-32-0773</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>B.L. Hedrick</u> <u>Stover, Mo.</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>asphyxiation by Drowning</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) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21f. HOW DID INJURY OCCUR?</b> <u>71</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22- I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:30 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Burch L. Trudie, Jr. Morgan County Coroner, Versailles Twp.</u>	<b>23b. ADDRESS</b> <u>Verailles, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8-10-49</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>8-9-1949</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Verailles Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Verailles, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Aug. 15th 1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. L. Ripberger</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>J. K. Steverson</u> <u>Stover, MO.</u>
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(Licensed Embellisher's Statement on Reverse Side)

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

300  
48

71  
0  
6

RECEIVED

District Health Officer No. 7

District File Number 7-49-979

Date Filed 8-15-49

**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 .....,  
Student Embalmer

Student Embalmer No. ....

Signed.....

*J. L. Stevenson*

Licensed Embalmer No. 4073

P. O. Address Stover, 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.