No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40090

State File No. .....

FILED JAN 7 1950

BIRTH NO. ..... REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ****

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Ia 9.4
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mendon 11
d. STREET ADDRESS (If rural, give location): 21

3. NAME OF DECEASED (Type or Print): a. (First) RAY b. (Middle) ERNEST c. (Last) HEDRICK

4. DATE OF DEATH (Month) (Day) (Year): Dec - 6 - 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 17, 1890
9. AGE (In years last birthday): 58 | If under 1 year: Months 11 Days 19 | If under 24 hrs.: Hours Min.

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

13a. FATHER'S NAME: John P. Hedrick
13b. MOTHER'S MAIDEN NAME: Emma Mc. Pherson
14. NAME OF HUSBAND OR WIFE: widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 401-09-3805
17. INFORMANT'S SIGNATURE OR NAME: Mrs. C. D. Haskell ADDRESS: Tarkio, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Disease of Heart — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Bronchial Asthma — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Dilatation — 1 yr.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
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) Tarkio (COUNTY) Atchison (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) ✓ (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓ 410X

22. *I hereby certify that I attended the deceased from* Dec 3, 1949, *to* Dec 6, 1949, *that I last saw the deceased alive on* Dec 6, 1949, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. D. Haskell (Degree or title) M.D.
23b. ADDRESS: Tarkio Mo.
23c. DATE SIGNED: Dec 6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Dec/7/49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Mendon, Illinois.

DATE REC'D BY LOCAL REG.: Dec 7. 1949
REGISTRAR'S SIGNATURE: Bert Crabtree
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Davis Funeral Home Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 4 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 John M. Harris

Licensed Embalmer No. 2394

P. O. Address Tarkio, Mo.

Signed .....
Student Embalmer

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

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