

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1950

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4381 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beattie</u> b. (Middle) <u>CURRY</u> c. (Last) <u>Hedrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 8-1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Fairfax Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Will Hedrick</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Curry</u>		14. NAME OF HUSBAND OR WIFE <u>MRS MATTIE Hedrick</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mattie Hedrick</u> ADDRESS <u>Hopkins</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12/1/49</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			4201
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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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 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>C. W. Kirkham</u> (Degree or title)		23b. ADDRESS <u>Hopkins</u>		23c. DATE SIGNED <u>12/16/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 18-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>English Grove Cemetery Fairfax</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>12-17-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u> ADDRESS <u>Hopkins Mo</u>	
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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.....

..... *Meyers* ..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Stanley Swanson*.....

Licensed Embalmer No. *396 3*.....

P. O. Address *Hopkins, 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.