

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1798

0660

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). Missouri Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Iberia, Mo.		d. STREET ADDRESS (If rural, give location) Iberia	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William	b. (Middle) Theodore	c. (Last) Hedge	Jan. 16, 1950		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 16, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hedge	13b. MOTHER'S MAIDEN NAME Elizabeth Clark	14. NAME OF HUSBAND OR WIFE Georgia Hedge
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME W. T. Hedge Jr.	ADDRESS Iberia, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 hrs. 490X yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	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. Arteriosclerosis			

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) (Minute)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 June 1939, to Jan. 16, 1950, that I last saw the deceased alive on Jan. 16, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Gould (Degree or title)	23b. ADDRESS Iberia, Mo.	23c. DATE SIGNED 1/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18/50	24c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	24d. LOCATION (City, town, or county) (State) Iberia Missouri
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DATE REC'D BY LOCAL REG. Jan. 18-50	REGISTRAR'S SIGNATURE Jessie Perkins	1950	FUNERAL DIRECTOR'S SIGNATURE W. T. Hedge	ADDRESS Iberia, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

NO FEE
ENCLOSED
JAN 24 1950

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.....

Walter P. Hedges

Signed.....

Student Embalmer

Licensed Embalmer No.

4265

P. O. Address.....

Here, 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.