

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3723

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville			c. LENGTH OF STAY (In this place) 8 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Novinger 0010		
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler Hospital				d. STREET ADDRESS (If rural, give location) Novinger R.F.D. #1			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) CHRISTOPHER		c. (Last) HEDIGER		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 16, 1895	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 11		Days 16		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Adair Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Hediger			13b. MOTHER'S MAIDEN NAME Mary Eitel		14. NAME OF HUSBAND OR WIFE Bessie Slauer Hediger		
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 ADDRESS Mrs G.C. Hediger R.F.D. #1, Novinger, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of bladder  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. Uremia					INTERVAL BETWEEN ONSET AND DEATH 6 mos  181 X 1 week.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 2-25, 1950, to 3-4, 1950, that I last saw the deceased alive on 3-4, 1950, and that death occurred at 6:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R. Stiebler C.M.D.				23b. ADDRESS Kirksville Mo		23c. DATE SIGNED 3-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-50		24c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery		24d. LOCATION (City, town, or county) (State) West of Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 3-7-50		REGISTRAR'S SIGNATURE Kate Lambert		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home, Kirksville, Mo.			

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

MAR 29 1950

RECEIVED MAR 10 1950  
District Health Officer No.  
District File Number 3-58-4  
MAR 10 1950  
Date Filed .....

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 Clarence M. Bills

Signed .....  
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Keokuk, 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.