

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11667**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6162** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Stone</b> <b>Ruth J. W.P.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Halena R-3 R-3</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural R-3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Halena mo. R-3</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Seale</b>		b. (Middle) <b>L</b>	
c. (Last) <b>Hedrick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 14 50</b>	
5. SEX <b>MO</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec 11 1963</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Missouri D</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Hedrick (dead)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no no</b>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>E.C. Hedrick</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <b>Chronic Gastritis</b>		19. ADDRESS <b>Halena, mo, R-3</b>	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Gastritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <b>Stomach ulcers</b>		<b>2 yrs</b>	
DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Seizure</b>		<b>5400</b>	
DUE TO (c)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Ruth Loop Stone Mo</b>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Stone Mo</b>		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	
22. I hereby certify that I attended the deceased from <b>Nov 1949</b> to <b>March 14, 1950</b> , that I last saw the deceased alive on <b>March 11, 1950</b> , and that death occurred at <b>11:45 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R.S. Shumate MD</b>		23b. ADDRESS <b>Reeds Spring Mo</b>	
23c. DATE SIGNED <b>3/15/50</b>		23d. LOCATION (City, town, or county) (State) <b>Reeds Spring Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mar 15-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Galum Pond</b>		24d. LOCATION (City, town, or county) (State) <b>Reeds Spring Mo</b>	
DATE REC'D BY LOCAL REG. <b>March 15-50</b>		REGISTRAR'S SIGNATURE <b>Lena Murray Dep.</b>	
317		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ernest L. Cheatham</b>	
ADDRESS		ADDRESS	

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

RECEIVED MAR 20 1950

District Health Office No. 6,

District File Number 350-344

Date Filed 3-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by any one

else.

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

Everett J. Cheatham

Licensed Embalmer No.

3870

P. O. Address

Halena 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.