

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12247

State File No.

BIRTH NO. _____ REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 5206 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne FAIRFIELD</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne FAIRFIELD</u>		0170
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>			d. STREET ADDRESS (If rural, give location) <u>Rural 12 Miles - Norborne</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMOS</u> b. (Middle) <u>Robison</u> c. (Last) <u>Hedding</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 24 1950</u>		
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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>MARCH 5-1888</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 2 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U</u>						

13a. FATHER'S NAME <u>Lagurus Hedding</u>		13b. MOTHER'S MAIDEN NAME <u>Luella Vice</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Hedding</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes World War-1</u>	16. SOCIAL SECURITY NO. <u>487-34-7499</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss AMOS Hedding Norborne Mo</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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
*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. DUE TO (b) <u>Hypertension</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>

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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 4-23, 1950, to 4-27, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. C. Cole M.D.</u>	23b. ADDRESS <u>Norborne Mo</u>	23c. DATE SIGNED <u>4-25-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ORR HILL</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>April 26-1950</u>	REGISTRAR'S SIGNATURE <u>Emmie Street</u>	48	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. A. Diskerson Bogard Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0170

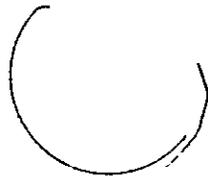
RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

5/5/50



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.

Student

Student Embalmer

Signed

E. A. Peterson

Licensed Embalmer No.

2534

P. O. Address

Bogard, 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.