

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16165**BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **5272** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY CHRISTIAN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHRISTIAN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" PORTER		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" PORTER		MO
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 MILE WEST NIXA, MO.			d. STREET ADDRESS (If rural, give location) 1/2 MILE WEST NIXA, MO.		

3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) MAE c. (Last) HEDGPETH			4. DATE OF DEATH (Month) (Day) (Year) May 30 1950			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 19-1871	9. AGE (In years last birthday) 78	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME T.S. SHELTON		13b. MOTHER'S MAIDEN NAME ROSA GRIFFIN		14. NAME OF HUSBAND OR WIFE JIM HEDGPETH	
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.S. HEDGPETH, NIXA-MISSOURI	ADDRESS		

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial heart disease					3 years
ANTECEDENT CAUSES					4 years
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension				12 1/2 years
	DUE TO (c) Arteriosclerosis				11
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					11

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION -			20! AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 **2/22/1950** to **5/30/1950**, that I last saw the deceased alive on **5/18/1950**, and that death occurred at **11:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthurwood G. Hall MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED JUN 5 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-1-1950	24c. NAME OF CEMETERY OR CREMATORY PAYNE CEMETERY	24d. LOCATION (City, town, or county) (State) CHRISTIAN CO. MISSOURI		
DATE REC'D BY LOCAL REG. June 5, 1950	REGISTRAR'S SIGNATURE Allene Deier 60		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris Clever, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

300
40
20

RECEIVED JUN 10 1950
District Health Office No. 6,
District File Number 650-666
Date Filed 6-10-50

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 John Dean Harris.....

Licensed Embalmer No. 4390.....

P. O. Address Cleveland, 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.