

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20051

FILED JUL 8 1950

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 55LL Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dent</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dent Hunt.</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>047.0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Near Goodland Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Bell</u> c. (Last) <u>Hedrick</u>			4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 8 1881</u>		9. AGE (in years last birthday) <u>68</u>		10. MONTHS <u>9</u> DAYS <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iron Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Miner</u>		13b. MOTHER'S MAIDEN NAME <u>Lyntha Faulkner</u>		14. NAME OF HUSBAND OR WIFE <u>James Hedrick Goodland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Hedrick Goodland</u>	
				ADDRESS <u>Goodland Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u>		?	
		DUE TO (c) <u>chronic nephritis</u>		?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u>		?	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>592X</u>	
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 2-22, 1950, to 6-20, 1950, that I last saw the deceased alive on 5-21, 1950, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. E. Farland, M.D.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Mo</u>		23c. DATE SIGNED <u>6-22-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek Cme.</u>		24d. LOCATION (City, town, or county) (State) <u>Iron Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>		1295 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spark</u>		ADDRESS <u>Peters Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0470

Rec. 7/1/50
Dist # 6

EXL 10 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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Murphy Lepore

Signed.....
Student Embalmer

Licensed Embalmer No. *4536*

P. O. Address *Flat River, 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.