

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27859

FILED AUG 24 1950

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly 0883</u>		d. STREET ADDRESS (If rural, give location) <u>526 W Coates 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>526 W. Coates</u>				d. STREET ADDRESS (If rural, give location) <u>526 W Coates 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>S</u> c. (Last) <u>Hedges</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1950</u>				
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>Aug 27 1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR (Months) <u>11</u>		11. UNDER 1 YEAR (Days) <u>15</u>		12. UNDER 1 YEAR (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retd</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Coal + Ice</u>			11. BIRTHPLACE (State or foreign country) <u>Moberly, Mo</u>	
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>James S Hedges</u>				
13b. MOTHER'S MAIDEN NAME <u>Sarah Featherston</u>			14. NAME OF HUSBAND OR WIFE <u>Viola</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. S. Hedges</u> ADDRESS <u>Moberly, Mo</u>		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>							
INTERVAL BETWEEN ONSET AND DEATH							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)					
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		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 <u>8-12-50</u> , 19 <u>50</u> , to <u>8-12-50</u> , that I last saw the deceased alive on <u>8-12-50</u> , and that death occurred at <u>3:35 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. T. Whitaker</u> (Degree or title) <u>W.D.</u>				23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>8-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 15-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Moberly, Mo</u>	

Date Received: AUG 22 1950
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed

SEP 1 1950

AUG 25 1950

Date Received: AUG 22 1950
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District File Number 8-50-
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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.....
Student Embalmer

Signed Frank B. D. With

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.