

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36702**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>1014</b>
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Lockwood, Mo</b> <b>0290</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hermine</b>		b. (Middle) <b>**</b>	c. (Last) <b>Hedeman</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 15 1950</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 3, 1867</b>	9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Regina Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Hedeman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Regina Hedeman</b> ADDRESS <b>Lockwood, Mo</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes</b> DUE TO (c) <b>Broncho pneumonia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Protrusion interlobular fissure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b> <b>YEARS</b> <b>7 DAYS</b> <b>13 DAYS</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>LOCKWOOD BARTON MO</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NOV 2 1950</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall</b> <b>4500F</b>		
22. I hereby certify that I attended the deceased from <b>Nov 2 1950</b> , to <b>11-15-50</b> , 19____, that I last saw the deceased alive on <b>Nov 14, 1950</b> , and that death occurred at <b>6:00A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Daniel L. Yancey M.D.</b> (Degree or title)		23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>Nov 17 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-17-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Luthern</b>	24d. LOCATION (City, town, or county) (State) <b>Lockwood, Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-18-50</b>	REGISTRAR'S SIGNATURE <b>W.R. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison</b> ADDRESS <b>Greenfield, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

396

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 *W. R. Allison*.....

Licensed Embalmer No. *4404*

P. O. Address *Greenville, N.C.*

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.