

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36703**

BIRTH NO. **64507-50** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **860-A**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) GALENA, RURAL 1040	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) ROUTE #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) KAREN	b. (Middle) LORAINNE	c. (Last) HEDRICK	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 30, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 26, 1950	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alvis Perry Hedrick	13b. MOTHER'S MAIDEN NAME Serah Lerene Cuthbirth	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alvis Perry Hedrick, Route #2, Galena, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 75.93
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Agonias of bile duct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 26, 1950**, to **Sept 30, 1950**, that I last saw the deceased alive on **Sept 29, 1950**, and that death occurred at **2:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Haudley M.D.	23b. ADDRESS Crane, Mo	23c. DATE SIGNED 11-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/1/50	24c. NAME OF CEMETERY OR CREMATORY Eisenhower Cemetery	24d. LOCATION (City, town, or county) (State) near Galena, Missouri
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DATE REC'D BY LOCAL REG. 11/15/50	REGISTRAR'S SIGNATURE W. E. Haudley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Family in charge of Burial	ADDRESS Galena, Mo A.P. Hedrick - father
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1396
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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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.