

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20175

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2425

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City, Mo</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>1 Year</u>		d. STREET ADDRESS (If rural, give location) <u>101 East 40 th.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. GEN. Hospital</u>			

3678

3. NAME OF DECEASED (Type or Print) a. (First) <u>ENOCH</u> b. (Middle) <u>LEE</u> c. (Last) <u>HEDDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 20, 1873</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Rich Hill, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>Wm. C. Hedden</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Yeats</u>	14. NAME OF HUSBAND OR WIFE <u>Harriet E. Hedden (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl L. Hedden, 24 East Linwood, K.C.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>c9711</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), making the underlying cause last. DUE TO (b) <u>Penetrating Stomachic Arteries</u> DUE TO (c) <u>strychnine poison</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>analysis positive for strychnine</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>lethal dosage.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-5-51</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>strychnine poison</u>

22. I hereby certify that I attended the deceased from _____, 1950, to _____, 1951, that I last saw the deceased live on _____, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh A. Owens</u> (Degree or title)	23b. ADDRESS <u>31834 Piatta Blvd</u>	23c. DATE SIGNED <u>6-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-6-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Rich Hill Missouri</u>		

DATE REC'D BY LOCAL REG. <u>6-6-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Booth Funeral Home, Rich Hill, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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4-1-1 hour

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Camp 1951
3. 2 and
J. H. H. H.

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 Harold E. Haskel

Licensed Embalmer No. 4609

P. O. Address Independence, 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.