

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29418**

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

FILED SEP 18 1951

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **9005** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Butler	c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Butler 0071	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital		d. STREET ADDRESS (If rural, give location) Butler memorial Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Hedges c. (Last) Hedges			4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1951		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Sept 13, 1951		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 1 HR. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Butler, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Lloyd Hedges		13b. MOTHER'S MAIDEN NAME Wilma Finklang		14. NAME OF HUSBAND OR WIFE Infant			
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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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Hedges Adrian, Mo.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Three months Prematurity 2 weeks INTERVAL BETWEEN ONSET AND DEATH 2 weeks				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placenta praevia 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 checked="" 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) 7610	
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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?	
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22. I hereby certify that I attended the deceased from **Sept. 13, 1951**, to **Sept. 14, 1951**, that I last saw the deceased alive on **Sept. 14, 1951**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. Lathrop, M.D.		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 9-15-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 14, 51	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery		24d. LOCATION (City, town, or county) (State) Butler, Missouri	
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DATE REC'D BY LOCAL REG. Sept. 15-51		REGISTRAR'S SIGNATURE Rendell Kony		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calver-Underwood Butler, Mo.	
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RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51

Infant was not embalmed

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.

This Infant was not Embalmed

Signed _____

Signed _____

Student Embalmer

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.