

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34671

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

0870  
1

Cannella

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ralls</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> <i>OK 7th</i> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>New London</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>New London</u> <u>0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Residence R R # 3 New London</u>            |  | d. STREET ADDRESS (If rural, give location)<br><u>R R # #</u>   |  |

|  |                                  |  |  |  |   |  |
|--|----------------------------------|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Dorothy</u> b. (Middle) <u>Morine</u> c. (Last) <u>Hedgepath</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>September 8, 1951</u> |  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>March 17, 1920</u>                            | 9. AGE (In years last birthday)<br><u>31</u> | IF UNDER 1 YEAR<br>Month <u>5</u> Day <u>21</u>                                     | IF UNDER 1 MIN.<br>Hours _____ Min. _____    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>          |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY                                    |  | 11. BIRTHPLACE (State or foreign country)<br><u>Uniontown Ralls County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S A</u> |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><u>Goldman Shuck</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Dove Bloodgood</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Gilbert Mason Hedgepath</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.<br><u>487-20-8765</u>      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Gilbert Mason Hedgepath New London Mo.</u> |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hr.</u><br><br><u>3 yrs.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Veterular Heart Disease</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u>  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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)                          |
| 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  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_ P., to \_\_\_\_\_, 19\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_, and that death occurred at 6:30 m., from the causes and on the date stated above.

|  |                                    |  |
|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>W. T. Waters</u> (Degree or title)                            | 23b. ADDRESS<br><u>1001 Bolway</u> | 23c. DATE SIGNED<br><u>9/11/51</u>                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                         | 24b. DATE<br><u>9/11/51</u>        | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Barkley</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>New London Ralls, Missouri</u> |                                    |  |

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>Sept 11, 1951</u> | REGISTRAR'S SIGNATURE<br><u>W. T. Waters</u> <u>268</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>W. Crawford Smith Hannibal Missouri</u> |
|--|---|--|

Date Received: NOV 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-3001  
Date Filed: NOV 9 1951

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.....

*John S. Ward*

Licensed Embalmer No. 4540.....

Signed.....  
Student Embalmer

P. O. Address Hannibal Missouri.....

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.