

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3818

State File No.

FILED FEB 11 1952

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4500 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Norwood, Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 mo.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Wright</u>		d. STREET ADDRESS (If rural, give location) <u>Manfield Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Millard Post Home</u>			

3. NAME OF DECEASED a. (First) <u>MAMIE A.</u> b. (Middle) <u>HEDRICK</u> c. (Last) <u>HEDRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-52</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 10, 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 2 WKS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Clay County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Beckett</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Wood</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Fry, Manfield Mo.</u>	ADDRESS <u>Manfield Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral accident</u>		
	DUE TO (c) <u>Cerebral arterio sclerosis & Hypertension</u>		
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 <u>334X</u>	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)
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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 10-26, 1950, to 1-25, 1952, that I last saw the deceased alive on 1-24, 1952, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Newton D. Henkel, D.O.</u>	23b. ADDRESS <u>Manfield, Mo.</u>	23c. DATE SIGNED <u>1-31-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/27/29</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-4-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. R. Worsham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelby-Farrell-Barnum</u>	ADDRESS <u>Manfield</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1140
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REC'D
FEB 5 1952
BRIGGS CO. HEALTH DEPT.
County File Number 252-14
Date Filed Feb 9, 1952

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

Wm. L. Ferrell

Licensed Embalmer No. 4847

P. O. Address

Wrensfield, 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.