

FILED JUN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

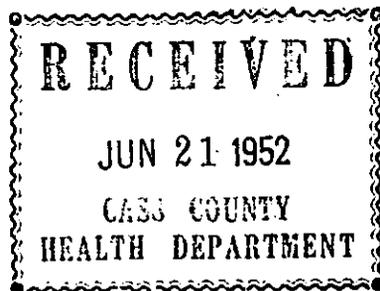
State File No. **19787**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4099** Registrar's No. **9**

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass <i>0190</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 South Campbell		d. STREET ADDRESS (If rural, give location) 110 South Campbell	
3. NAME OF DECEASED a. (First) Lizzie b. (Middle) Hedrick c. (Last) Hedrick			4. DATE OF DEATH (Month) (Day) (Year) 6 - 12 - 52
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 8, 1888
9. AGE (In years last birthday) 64	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Heyworth, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard Johnson	
13b. MOTHER'S MAIDEN NAME Alice Cabness		14. NAME OF HUSBAND OR WIFE Clarence Hedrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Hedrick-Pleasant Hill, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic bronchiectasis DUE TO (c) Chronic glomerulonephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 526 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3-7-1947 to 12 June 1952, that I last saw the deceased alive on 12 Jan, 1952, and that death occurred at 11:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. E. Stevens M.D.		23b. ADDRESS Pleasant Hill, Mo.	
23c. DATE SIGNED June 14, 1952		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-16-52		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Ceme.	
24d. LOCATION (City, town, or county) (State) Pleasant Hill, Missouri.		DATE REC'D BY LOCAL REG. June 15, 1952	
REGISTRAR'S SIGNATURE Lora Barriant		457-025. FUNERAL DIRECTOR'S SIGNATURE W. E. Stevens	
ADDRESS Pleasant Hill, Mo.		(Licensed Embalmer's Statement on Reverse Side)	



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 William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Peru, Ind., 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.