

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30520

State File No.

DECEASED AUG 25 1952

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Stanton 1040</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stanton 1040</u>	
b. CITY OR TOWN <u>Rural Ruth</u>		c. CITY OR TOWN <u>Rural Ruth</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Nora Hedrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 19-1952</u>		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday)	10. MONTHS	11. DAYS
<u>Nora</u>		<u>Hedrick</u>	<u>63-3-11</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 1 1887</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co. Mo</u>	

13a. FATHER'S NAME <u>Frances Ritch</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Loomis</u>		14. NAME OF HUSBAND OR WIFE <u>William Hedrick</u>	
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>William Hedrick</u> ADDRESS <u>Salina Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u>		DUE TO (b) <u>Pulmonary Edema</u>			<u>3 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			<u>6 Mo</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>260X</u>		20. AUTOPSY? 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 1/1/1950, 1950, to July 30, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.S. Shumate M.D.</u> (Degree or title)		23b. ADDRESS <u>Reeds Spring Mo</u>		23c. DATE SIGNED <u>8/13/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spacum Road</u>		24d. LOCATION (City, town, or county) (State) <u>Reeds Spring Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 13-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brasseur</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loretta J. Cheatham</u> ADDRESS <u>Salina Mo</u>	
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penelma Murray (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

not

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 *Everett J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address *H. Allen*

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.