No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14799

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 8

510
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster 0510
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Anise
b. (Middle): Oda
c. (Last): Hedrick

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 15, 1869
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nicholis Moss
13b. MOTHER'S MAIDEN NAME: ? Carter
14. NAME OF HUSBAND OR WIFE: Jacob Hedrick, deceased

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.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Leland Roberts, Knob Noster, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr. Valvular Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: ✓ 4214
20. AUTOPSY? YES ☐ NO ☒

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): Knob Noster Johnson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* Oct 1, 1952, *to* April 15, 1953, *that I last saw the deceased alive on* April 15, 1953, *and that death occurred at* 11:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Grove M.D.
23b. ADDRESS: Knob Noster Mo
23c. DATE SIGNED: April 15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Knob Noster Cemetery
24d. LOCATION (City, town, or county) (State): Knob Noster, Missouri

DATE REC'D BY LOCAL REG.: April 15-53
REGISTRAR'S SIGNATURE: Erma L. Beatty 147-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. Raymond Baker, Knob Noster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 20 1953
JOHNSON COUNTY HEALTH DEPT.

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.