

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20757

FILED JUL 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 708

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2434 So. 6th St.		d. STREET ADDRESS (If rural, give location) 2434 So. 6th St.	

3. NAME OF DECEASED (Type or Print) EDNA			a. (First)			b. (Middle)			c. (Last) HEDGE			4. DATE OF DEATH (Month) (Day) (Year) 6 19 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 5-29-1880			9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (City and State or Foreign Country) Oklahoma /				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown		
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS Mrs. Otto Roesing, 2434 So. 6th St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio-Vascular Degenerative Disease</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Myo-Carditis</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis</p>		Chronic Cardio-Vascular Degenerative Disease						2 years	
		Myo-Carditis						2 years	
		General Arteriosclerosis						2 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 6-18-1953, to 6-19-1953, that I last saw the deceased alive on 6-18-1953, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D.		(Degree or title)		23b. ADDRESS 2801 Sacramento St. St. Joseph, Missouri		23c. DATE SIGNED 6-23-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-1953		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
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DATE REC'D BY LOCAL REG. June 29, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		FUNERAL DIRECTOR'S SIGNATURE John Ruff		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John E. Rupp
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.