

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26039

State File No.

S. No. 300
V. 10-48

FILED AUG 3 1953
BIRTH NO. 124

REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Bonne Terre Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Francois</u> <u>June 0940</u> d. STREET ADDRESS (If rural, give location) <u>1911 Tyler St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Ernest</u> b. (Middle) <u>Ray</u> c. (Last) <u>Hedgecock Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 - 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 27 - 1919</u>
9. AGE (In years, last birthday) <u>35-8-2</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer Mining</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>
11. BIRTHPLACE (State or foreign country) <u>Gumbo, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mr. Ernest Ray Hedgecock</u>		13b. MOTHER'S MAIDEN NAME <u>Thelma Edgington</u>	
14. NAME OF HUSBAND OR WIFE <u>Ada Louise Nation Hedgcock</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, June 3 - 1941</u>	
16. SOCIAL SECURITY NO. <u>498-07-5387</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ada Hedgecock Jr. wife - 911 Tyler - St. Francois, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterid sclerosis</u> DUE TO (c) _____ 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>4201</u>	
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 <u>June 29, 1953</u> , to <u>June 29, 1953</u> , that I last saw the deceased alive on <u>29 June, 1953</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Appleberry M.D.</u>		23b. ADDRESS <u>St. Louis, Mo.</u>	
23c. DATE SIGNED <u>June 29, 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>July 2 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jarvis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Evelyn Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hoop - 303 E. Main St. St. Francois, Mo.</u>	

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

AUG 4 1953

AUG 6 1953

OCT 6 1953

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat 2, Quincy, Mass.

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.