S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28310

FILED SEP 8 - 1953

BIRTH NO. 42128 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 682-D

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
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): Bunge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1041 W Walnut

0396

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

4. DATE OF DEATH (Month) (Day) (Year): July 23 1953

5. SEX: Female

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby

8. DATE OF BIRTH: July 13, 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 10 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Springfield Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles E Hedrick

13b. MOTHER'S MAIDEN NAME: Sou Ray Riggins

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Charles E Hedrick
ADDRESS: as ABOVE

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) Pneumonia, Bronchial — INTERVAL BETWEEN ONSET AND DEATH: days

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.* Cardiac failure — 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 7630

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):

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* 13 July, 1953, *to* 23 July, 1953, *that I last saw the deceased alive on* 22 July, 1953, *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth E. Knott, (Degree or title) M.D.

23b. ADDRESS: 1630 N. Jefferson

23c. DATE SIGNED: 24 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 25 53

24c. NAME OF CEMETERY OR CREMATORY: TOACH

24d. LOCATION (City, town, or county) (State): CAMDEN MO.

DATE REC'D BY LOCAL REG.: 9-4-53

REGISTRAR'S SIGNATURE: Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE: Bankson-Woolery
ADDRESS: Camdenton 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Abbie Bunkson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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