

FILED JAN 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43393

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 79 yrs		e. STREET ADDRESS (If rural, give location) 420 E. Fairview Ave 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 420 E. Fairview Ave			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) FRANLIN c. (Last) HEDGE			4. DATE OF DEATH (Month) (Day) (Year) Dec 26-1953		
5. SEX D male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 19-1874	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. school custodian		10b. KIND OF BUSINESS OR INDUSTRY maintenance	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Hedge		13b. MOTHER'S MAIDEN NAME Julia Howell		14. NAME OF HUSBAND OR WIFE Melinda Buerge Hedge	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leta Hedge, 420 E. Fairview, Carthage			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) occlusion, coronary artery			INTERVAL BETWEEN ONSET AND DEATH 30 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterosclerosis				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility				
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE none		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) (Min) none		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 Feb 13, 1953, to Dec 26, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 9:15 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood MD		23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 12-28-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-29-53		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
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DATE REC'D BY LOCAL REG. 12-29-53		REGISTRAR'S SIGNATURE Lloyd B. Clifton MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	
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(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED JAN 5 1954
Jasper County Health Office
County File Number 54-1-13
Date Filed JAN 5 1954

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.....
Signature of Student Embalmer

Signed..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.