FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18962

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2721

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LUKES. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CASS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PLEASANT HILL, MO
d. STREET ADDRESS (If rural, give location) 415 LOCUST

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) ROBERTA-CELEST - Hedrick

4. DATE OF DEATH (Month) (Day) (Year) 6-15-1954

5. SEX 1 MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 7-9-1891
9. AGE (In years last birthday) 62 — 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) BOOK KEEPER
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) PLEASANT HILL, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ROBERT HEDRICK
13b. MOTHER'S MAIDEN NAME CARALINE SHULTZ
14. NAME OF HUSBAND OR WIFE [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. 486-09-4298
17. INFORMANT'S SIGNATURE OR NAME Clearence Hedrick — ADDRESS Pleasant Hill 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) Adeno carcinoma of Ovary - with widespread metastasis

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: 175X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* May 1, 1954, *to* June 15, 1954, *that I last saw the deceased alive on* June 15, 1954, *and that death occurred at* 7:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE John P. Justus (Degree or title) John P. Justus MD
23b. ADDRESS 315 Nichols Rd. K.C., Mo
23c. DATE SIGNED June 15 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 6-18-1954
24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill
24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo

DATE REC'D BY LOCAL REG. 6-17-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Allen Brunfield — ADDRESS Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1955

WAR 16 1951

JAN 28 1955

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 Ellen Brumfield

Licensed Embalmer No. 3785

P. O. Address Plemmons Hill

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

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