

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22704

BIRTH NO. <u>42528-54</u>		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>690A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>9 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burgess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1425 Green Cherry</u>			
3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) <u>Vicky Sue Hedrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 - 54</u>				
5. SEX <u>Female</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 16 - 1954</u>		9. AGE (In years, months, days, hours, minutes) <u>9 hours</u>		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles E Hedrick</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Ray Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sue Ray Hedrick as above</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythrus blastosis foetalis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Edema</u>						<u>9 hr</u>
	DUE TO (c) <u>Pulmonary</u>						<u>9 hr</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>July 16, 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Replacement Transfusion</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>July 16, 1954</u> , to <u>July 16, 1954</u> , that I last saw the deceased alive on <u>July 16, 1954</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edwin L. Clayton M.D.</u>			23b. ADDRESS <u>W.D. Hwy. Springfield</u>			23c. DATE SIGNED <u>7/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Amund's Burial</u>	24b. DATE <u>July 19, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nooch</u>		24d. LOCATION (City, town, or county) (State) <u>Camden MO</u>			
DATE REC'D BY LOCAL REG. <u>7/5/54</u>	REGISTRAR'S SIGNATURE <u>Beth Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dankson Woolery Camden MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. B. Benson Wolfe*

Licensed Embalmer No. *2488*

P. O. Address *Orlando*

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.