

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31127

State File No.

05 40
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5639</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Wash. Township</u>		c. LENGTH OF STAY (In this place) <u>18 Mo.</u>		c. CITY OR TOWN <u>Odessa</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 Miles S E of Odessa</u>				e. STREET ADDRESS (If rural, give location) <u>9 Miles S E of Odessa Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy Vandelia</u>		b. (Middle) <u>HedgeCock</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1954</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec. 14 1855</u>	
9. AGE (In years) (last birthday) <u>98</u>		IF UNDER 1 YEAR Days <u>9</u>		IF UNDER 2 HRS. Hours <u>6</u>		IF UNDER 15 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Wesley Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Teague</u>		14. NAME OF HUSBAND OR WIFE <u>I. F. Hedgecock</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>Mrs. L. U. Burris Odessa, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>due to rt. strangulated</u></p> <p>DUE TO (c) <u>pernicious anemia</u></p>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</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>Sept 20, 1954</u> , to <u>Sept 20, 1954</u> , that I last saw the deceased alive on <u>Sept 20, 1954</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Martin M.D.</u> (Degree or title)				23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>9-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/22/1954</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Husman - Sparks Odessa Mo.</u>			

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 *William F. Sparks*

Licensed Embalmer No. #44

P. O. Address *Odessa*

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.