

FILED JAN 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 43384

BIRTH NO. _____		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>6003</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R #2, New London</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		<u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Summer Home</u>				d. STREET ADDRESS (If rural, give location) <u>2202 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Earl</u> c. (Last) <u>Fedrick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-12-54</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/22/1900</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>7</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>York Radio & T.V.</u>		11. BIRTHPLACE (State or foreign country) <u>Rushville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John W. Fedrick</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Lucy M.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-24-0262</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy M. Fedrick, 2202 Broadway</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Hannibal, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>According to Autopsy report death was due to a heart condition which consisted of dilated tricuspid valve ring and a dilated right auricle which produced congestion of the venous return to the heart and congestion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> of the lungs due to drinking liquified Phenol.					INTERVAL BETWEEN ONSET AND DEATH <u>v</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>of the lungs due to drinking liquified Phenol.</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) <u>Homicide Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R #2, New London</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ralls Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>about 19</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clayton W. Coon</u>				23b. ADDRESS <u>Mr. Coon Co.</u>		23c. DATE SIGNED <u>5/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 20 1954</u>		REGISTRAR'S SIGNATURE <u>Clayton Coon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Howell</u>		ADDRESS <u>Hannibal Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 1963
FEB 13 1957

OCT 2 1961

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..... *H. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address..... *Nassau 9*

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.