

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1046

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Kaolin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Kaolin</u> <u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Hawk Lane</u>		d. STREET ADDRESS (If rural, give location) <u>near Hawk Lane</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SERENA</u>	b. (Middle) <u>CATHERINE</u>	c. (Last) <u>HEDGCOTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1955</u>
-------------------------------------	--------------------------	------------------------------	---------------------------	--

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 6 1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR <u>5</u> Months <u>29</u> Days	IF UNDER 24 HRS. <u></u> Hours <u></u> Mins.
-------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Caledonia Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>John Gallaher</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>James Hedgcoth</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ira Hedgcoth, Black Mo.</u>	ADDRESS
--	-----------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>beriberi</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>331 X</u> YES <input type="checkbox"/> NO <input 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) (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 1230 1954, to 1-4, 1955, that I last saw the deceased alive on 1-4, 1955, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Huffman</u>	23b. ADDRESS <u>Bismarck Mo</u>	23c. DATE SIGNED <u>1-7-55</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Banner, Missouri</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan 10 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Iron ton Mo.</u>	ADDRESS
---	---	--	---------

WRITE PLAINLY—USING UNFADING 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 Proctor T. Smith

Licensed Embalmer No. 3012

P. O. Address Clinton Wis.

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