

STANDARD CERTIFICATE OF DEATH

State File No. **4126**

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY OR TOWN Cape Girardeau	c. LENGTH OF STAY (in this place) 15 yr	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 S Fredrick		STREET ADDRESS (If rural, give location) 213 S. Frederick	

3. NAME OF DECEASED (Type or Print) Julia Hedges		4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1955	
a. (First)	b. (Middle)	c. (Last)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17 1869
9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 7 Days 2	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Grantsburg Ill
			12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Fate Reed	13b. MOTHER'S MAIDEN NAME Martha	14. NAME OF HUSBAND OR WIFE Dont Know Charles Hedges	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Charles Hedges Cape Gir Mo.	
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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) Pulmonary Emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio scleriosis generalized 20 yrs.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5271	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 July 11, 1948, to Feb 19, 1955, that I last saw the deceased alive on Feb 19, 1955 and that death occurred at 5:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward D Campbell MD	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED Feb 21, 1955
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24a. BURIAL, CREMATION REMOVAL (Specify) Repl - Burial	24b. DATE Feb 22 1955	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville Ill
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DATE REC'D BY LOCAL REG. 2-22-55	REGISTRAR'S SIGNATURE W. H. Estro	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Estro Cape Gir Mo
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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.....
Signature of Student Embalmer

Signed *W. H. Ester*

Licensed Embalmer No. *356*

P. O. Address *Osage, Mo.*

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.