

No. 300
10-48

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19820

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Hwy #61</u>)	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St. Louis</u>	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 <u>Perry Township 1 1/2 mi. N - Bonne Terre Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>2007</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>LEE</u> c. (Last) <u>HEDRICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1955</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 7, 1936</u>	9. AGE (In years last birthday) <u>19</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bismarck, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------	-------------------------------	--	---------------------------------------	---	--	---	--	---

13a. FATHER'S NAME <u>Ike Hedrick</u>	13b. MOTHER'S MAIDEN NAME <u>Goldie Hedrick</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 <u>Goldie Hedrick</u> ADDRESS <u>St. Louis, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture & Multiple Injuries</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease; caused</u> DUE TO (c) <u>by automobile accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8164</u> <u>210</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Perry Twp. St. Francis Mo.</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>May 29, 1955 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>collision between two automobiles</u>
--	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Beryl Miller</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>5/31/55</u>
---	-----------------------------------	---------------------------------

24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May 31, 1955</u>	REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>	25. SANITARY DIRECTOR'S SIGNATURE <u>Shirley Lou Beardsley</u> ADDRESS <u>MO</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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 *Everett Sparks*.....

Licensed Embalmer No. *428*

P. O. Address *Boone, La.*

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.