

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5464**

FILED FEB 27 1956

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4262		Registrar's No. 17			
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knox City		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Knox City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0523					
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) _____ c. (Last) Hedges			4. DATE OF DEATH (Month) (Day) (Year) February 19, 1956						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 14, 1877			
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 6 Days 5		11. IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and State or Foreign Country) Knox City, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME T.S. Hedges		13b. MOTHER'S MAIDEN NAME Martha L. Wildman		14. NAME OF HUSBAND OR WIFE Lola Mae Hedges		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Mae Hedges Knox City, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ?	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201					
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 Sept 19, 55 to Feb 19, 1956 that I last saw the deceased alive on Feb 16, 1956 and that death occurred at Home , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Naldo B. Leon MD				23b. ADDRESS Knox City Mo		23c. DATE SIGNED 2/20/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/21/1956		24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery		24d. LOCATION (City, town, or county) (State) La Belle, Missouri			
DATE REC'D BY LOCAL REG. Feb. 21-56		REGISTRAR'S SIGNATURE Helle L. Hunolt		151-0 FUNERAL DIRECTOR'S SIGNATURE J. Hedges Jr.		ADDRESS La Belle, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Bloder Jr.
Licensed Embalmer No. 432

P. O. Address La Bell

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.