

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20369

State File No.

FILED JUN 26 1956

BIRTH NO. REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5544 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kaolin Twp. c. LENGTH OF STAY (in this place)

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 15 miles west of Bellevue

e. STREET ADDRESS (If rural, give location) 2330 Albion

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) EUGENE c. (Last) HEDRICK JR. 4. DATE OF DEATH (Month) (Day) (Year) June 22, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH June 1, 1954 9. AGE (in years last birthday) 2 IF UNDER 1 YEAR Months 0 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert E. Hedrick

13b. MOTHER'S MAIDEN NAME Dixie Plank

14. NAME OF HUSBAND OR WIFE none

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. R.E. Hedrick, 2330 Albion, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured Skull
ANTECEDENT CAUSES DUE TO (b) broken Neck
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #32 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Banner Kaloin RR. Iron Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 22 56 7 P. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Tire blow out-car over turned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1956, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Coroner 23b. ADDRESS Ironton, Mo 23c. DATE SIGNED 6/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 6-25-56 24c. NAME OF CEMETERY OR CREMATORY Boss Cemetery 24d. LOCATION (City, town, or county) (State) Boss, Missouri

DATE REC'D BY LOCAL REG. June 22 1956 REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Spencer Funeral Home, Salem, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-0

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 *Amel J. White*.....

Licensed Embalmer No. 3012.....

P. O. Address Ironton, M.....

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.