

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34716

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			c. LENGTH OF STAY (In this place) <u>45 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			0592
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 Clay St.</u>				d. STREET ADDRESS (If rural, give location) <u>910 Clay St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MINNIE</u>	b. (Middle) <u>B.</u>	c. (Last) <u>HEDRICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 16, 1877</u>	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>5</u>	11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jame sport, Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John R. Kesler</u>		13b. MOTHER'S MAIDEN NAME <u>Alice A. Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Ira G. Hedrick (dec.)</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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allbritain Lawson, Chillicothe, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>  <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				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)			
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 <u>10-9</u> , 19 <u>49</u> , to <u>Nov 6</u> , 19 <u>56</u> , that I last saw the deceased dying on <u>Nov 6</u> , 19 <u>56</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph F. Cole</u>			(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>10-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/8/56</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ronald Gordon - Chillicothe Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

File

71-0

2021 FEB 9 AMT

**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 Ronald Godson

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.