

FILED MAR 7 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5170

Registration District No. 146 Primary Registration District No. 4238 Registrar's No. 72

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buckner | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Buckner |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none | | Length of stay in 1b 62 years | d. STREET ADDRESS (If outside, give location) Hudson St. |
| 3. NAME OF DECEASED (Type or print) First Middle Last Amy Hedrick Larey | | | 4. DATE OF DEATH Month Day Year Feb. 24, 1957 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 19, 1894 |
| 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerical | 10b. KIND OF BUSINESS OR INDUSTRY First State Bank |
| 10c. BIRTHPLACE (City and state or country) Buckner, Missouri | 11. BIRTHPLACE (City and state or country) O | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Thomas Jefferson Hedrick | | 14. MOTHER'S MAIDEN NAME Maud Mershon | |
| 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. 492-14-2681 | 17. INFORMANT Address R. E. Johnson, Buckner, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cardiac failure | | | INTERVAL BETWEEN ONSET AND DEATH immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Calcereous aortic stenosis with regurgitation and mitral stenosis | | | years |
| DUE TO (c) Rheumatic Fever | | | years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 410X |
| 20c. TIME OF INJURY Hour a. m. p. m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from 1949 to 2/24/57 and last saw her alive on 1/28/57 Death occurred at 1:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Drs. Grabske & Link | | 22b. ADDRESS 10901 Winner, Independence, Mo. | 22c. DATE SIGNED 2-26-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 26, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery | 23d. LOCATION (City, town, or county) (State) Buckner, Missouri |
| 24. FUNERAL DIRECTOR Hazel H. Reppert | ADDRESS Buckner, Mo. | 25. DATE RECD. BY LOCAL REG. 2-26-57 | 26. REGISTRAR'S SIGNATURE James H. Jones |

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 *Ralph O. Jones*
Licensed Embalmer No. *46*

P. O. Address *Chesapeake*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.