

Public Health Service 39

000-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3788

FILED MAR 14 1957

STATE FILE NUMBER 39

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS 218 Frankford Road	
Length of stay in lb 3 hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last GILBERT ARTHUR HEDGES			4. DATE OF DEATH MARCH 6, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 2, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher		10b. KIND OF BUSINESS OR INDUSTRY Metal Polisher	11. BIRTHPLACE (City and state or country) Pike Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Merritt Hedges			14. MOTHER'S MAIDEN NAME Sarah Ingram		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 490-05-3188		17. INFORMANT Mrs. Gilbert Hedges, Louisiana, 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) Myocardial Infarction DUE TO (b) Anemia DUE TO (c) Acute Blood Loss from GI Bleeding			INTERVAL BETWEEN ONSET AND DEATH 6 Hours
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.)		
20c. TIME OF INJURY Hour Month, Day, Year 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 3-6-57 to 3-6-57 and last saw her/him alive on 3-6-57 Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Joe Martin, M.D. (Degree or title)		22b. ADDRESS Louisiana, Mo.		22c. DATE SIGNED 3-8-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/8/57		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) (State) Louisiana, Missouri	
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.			25. DATE RECD. BY LOCAL REG. March 8, 1957		26. REGISTRAR'S SIGNATURE Bernice Collier		

(Licensed Embalmer's Statement on Reverse Side)

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 *J. B. Sterne*

Licensed Embalmer No. *40*

P. O. Address *Louisiana*

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.