

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24602
STATE FILE NUMBER

3109

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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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 Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City, | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. | | Length of stay in 1b 56 Yrs. | | d. STREET ADDRESS (If outside, give location) 3317 Jefferson | |
| 3. NAME OF DECEASED (Type or print) First Earl Middle Thomas Last Hedrick | | | 4. DATE OF DEATH Month July Day 5 Year 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 November 18, 1880 | |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 11. BIRTHPLACE (City and state or country) Butler, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Michael R. Hedrick | | 13b. MOTHER'S MAIDEN NAME Sarah Overdeer | |
| 14. NAME OF USRPA OFFICER WINIFRED Mrs. Mary B. Hedrick | | 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. 487-01-2641 | |
| 17. INFORMANT WINIFRED Mrs. Mary B. Hedrick | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritoneal Abdominal Aneurysm. | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | 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 NO <input 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.) 1 | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | 20d. INJURY OCCURRED WHILE AT <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.) 1 | | 20f. CITY, TOWN, OR LOCATION Kansas City, | | COUNTY Missouri STATE _____ | |
| 21. I attended the deceased from July 4, 1957 to July 5, 1957 and last saw him alive on July 4, 1957 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Marion P. Hunter M.D. | | | 22b. ADDRESS 1408 Wolheim Bldg. | | 22c. DATE SIGNED July 5, 1957 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 8, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Muehlebach Funeral Home | | ADDRESS 6800 Troost | | 25. DATE RECD. BY LOCAL REG. 7-5-57 | 26. REGISTRAR'S SIGNATURE Reva Minshall |

(Licensed Embolmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Mr. Cooper

1408 Waichem Highway

Atlanta, Ga.

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 

Licensed Embalmer No. 4997

P. O. Address 1001 Road
P. O. Box

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.