No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004964
State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 14

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

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage typ
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 32

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron County
c. CITY OR TOWN: Bixby
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Koalin typ

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Jane
c. (Last): Hedrick

4. DATE OF DEATH (Month) (Day) (Year): Feb 7 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 17 1875
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and State or Foreign Country): Iron County Mo
12. CITIZEN OF WHAT COUNTRY?: U SA

13a. FATHER'S NAME: Chash Chandler
13b. MOTHER'S MAIDEN NAME: Bessie Hedrick
14. NAME OF HUSBAND OR WIFE: Joseph Hedrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute asphyxia	20 min
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Massive pulmonary hemorrhage	16 hrs
DUE TO (c)	Metastatic carcinoma of lungs	6 mo
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Primary carcinoma of colon	2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14, 1957, *to* 2-7, 1958, *that I last saw the deceased alive on* 2-7, 1958, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE R. A. Mendigale (Degree or title) D. O.
23b. ADDRESS: Bismarck, Missouri
23c. DATE SIGNED: 2-8-58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 9 -58
24c. NAME OF CEMETERY OR CREMATORY: Hedrick Cem
24d. LOCATION (City, town, or county) (State): Bixby Mo

DATE REC'D BY LOCAL REG.: 2/9/58
REGISTRAR'S SIGNATURE: M. M. Hart, M. D. / P.L.M.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: [signature] Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 937

P. O. Address .....

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