

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009537
STATE FILE NUMBER

W. Walker
FILED MAR 17 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD 0396	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 E. CHESTNUT		d. STREET ADDRESS (If outside, give location) 1019 E. CHESTNUT	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CECIL D. HEDRICK			4. DATE OF DEATH Month Day Year 3-12-58
5. SEX MALE 0	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 JAN. 18, 1899
9. AGE (In years birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE OF LIME COMPANY	11. BIRTHPLACE (City and state or country) MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM HEDRICK	13b. MOTHER'S MAIDEN NAME ELIZABETH CLARK	14. NAME OF HUSBAND OR WIFE BESSIE 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. 326-05-8280	17. INFORMANT Address BESSIE HEDRICK SPEED. 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) Thrombosis, Coronary			INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (a), starting 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) Emphysema bil. Chronic; Bronchiectasis			
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION COUNTY STATE	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Feb 5, 1958 , to 3-12-58 and last saw her alive on 3-12-58 Death occurred at 6:59 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE J. Newton Walker M.D.	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 3-13-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-15-58	23c. NAME OF CEMETERY OR CREMATORY EASTLAWN	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR J. Klingenshield	ADDRESS SPRINGFIELD MO.	25. DATE RECD. BY LOCAL REG. 3-14-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

MAR 21 1958
MAR 19 1958

APR 1 1959

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 *Glen D Williams*

Licensed Embalmer No. *4651*
P. O. Address *Springfield*

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.