

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38-025045

STATE FILE NUMBER

FILED AUG 11 1958		Registration District No. 100	Primary Registration District No. 3018	Registrar's No. 68
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boss	0330 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic		Length of stay in lb 3 day	d. STREET ADDRESS (If outside, give location) On Highway 32 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William H Hedrick			4. DATE OF DEATH Month Day Year August 8 1958	
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 April 30 1880	9. AGE (In years at birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Hiram Hedrick		13b. MOTHER'S MAIDEN NAME Mary Dotson		14. NAME OF HUSBAND OR WIFE Bertie Hedrick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if so, unknown) (If yes, give war & dates of service) NO		16. SOCIAL SECURITY NO. 496 14 2295	17. INFORMANT Address Mrs Bertie Hedrick Boss 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) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 day
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year				
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 8/7/58 to 8/8/58 and last saw him alive on 8/7/58 Death occurred at 1:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Martin M. Hart		22b. ADDRESS Salem, Mo.		22c. DATE SIGNED 8/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug 10-58	23c. NAME OF CEMETERY OR CREMATORY Boss Cem		23d. LOCATION (City, town, or county) (State) Boss Dent Co Mo
24. FUNERAL DIRECTOR Spencer Funeral Home		25. DATE RECD. BY LOCAL REG. 8/8/58		26. REGISTRAR'S SIGNATURE M. M. Hart, M. D. L. P. M.

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Carl W. Spitzer
Licensed Embalmer No. 2370
P. O. Address Salem, Va.

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.