

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026689
STATE FILE NUMBER

FILED JUL 23 1958		Registration District No. 316	Primary Registration District No. 4461	Registrar's No. 279
1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Fran.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bismarck		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bismarck	0940 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb Yrs.	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) SARAH <small>First</small>		JONES <small>Middle</small>		<small>Last</small>
4. DATE OF DEATH July 16, 1958		5. SEX Female / 6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 16, 1904		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and state or country) Bixby, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wesley Hedrick		
14. MOTHER'S MAIDEN NAME Mary Jane Day		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		
16. SOCIAL SECURITY NO. 499-28-4657		17. INFORMANT Everett Hedrick Address St. Louis, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and debilitation				INTERVAL BETWEEN ONSET AND DEATH 2 WKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis				6 mo.
DUE TO (c) Primary carcinoma of Left Breast				2 yrs.
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"/> 2
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.) 170X		
20c. TIME OF INJURY Hour 4:10 Month 8 Day 8 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Bismarck, Missouri		
21. I attended the deceased from 8-8-57 to 7-16-58 and last saw her alive on 7-15-58		Death occurred at 4:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE R. A. Mendigah (Degree or title) D.O.²		22b. ADDRESS Bismarck, Missouri		22c. DATE SIGNED 7-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-18-1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) Bismarck, Missouri	(State)
24. FUNERAL DIRECTOR Shipman & Sons ADDRESS Bismarck, Missouri		25. DATE RECD. BY LOCAL REG. July 17 1958	26. REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 7-56

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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John N. Shipman*

Licensed Embalmer No. 4881

P. O. Address Bismarck, N

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