

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039232

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 69 Primary Registration District No. 5273 Registrar's No. 134

300 /
1-57

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. STATE Missouri b. COUNTY Christian)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Porter Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Nixa, RFD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 90 years		d. STREET ADDRESS 422 1/2 mile West	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle JAMES Last HEDGPETH			4. DATE OF DEATH Month Nov. Day 3 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 31, 1868		9. AGE (In years last birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman		10b. KIND OF BUSINESS OR INDUSTRY - -		11. BIRTHPLACE (City and state or country) Nixa, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William R. Hedgpeth		13b. MOTHER'S MAIDEN NAME Elmina Shipman	
14. NAME OF HUSBAND OR WIFE Nora Mae Shelton		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. none	
17. INFORMANT Ray Hedgpeth, Nixa, 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) Carcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the under- lying 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) Diabetes mellitus 154X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 December, 1956 to Nov. February, 1958 and last saw her Nov. February 12, 1958 Death occurred at 10:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Francis M. Maple MD		22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 5/18/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/5/1958		23c. NAME OF CEMETERY OR CREMATORY Payne Cemetery	
23d. LOCATION (City, town, or county) Nixa, Missouri		23e. LOCATION (City, town, or county) Nixa, Missouri		23f. LOCATION (City, town, or county) Nixa, Missouri	
24. FUNERAL DIRECTOR Dean Harris		ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 14, 1958	
26. REGISTRAR'S SIGNATURE Oliver Hutter					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, Mo.*

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.