

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047208

STATE FILE NUMBER

FILED FEB 4 1959

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

14

| | | | | | |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti, Missouri | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Caruthersville, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Memorial | | Length of stay in 1b 1 week | d. STREET ADDRESS (If outside, give location) 805 W. 11th. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Jessie Middle May Last Hedge | | | 4. DATE OF DEATH Month Dec. Day 26 Year 1958 | | |
| 5. SEX Female | 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 Nov. 4, 1907 | |
| 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months 1 Days 22 | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Booths Point, Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Bell | | 13b. MOTHER'S MAIDEN NAME Elizabeth Vest | |
| 14. NAME OF HUSBAND OR WIFE J.L. Hedge | | 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. | |
| 17. INFORMANT J.L. Hedge | | Address 805 W. 11th. C'ville | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction DUE TO (b) artero-sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 months undetermined |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) congestive heart failure | | | | | 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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 NOV. 1958 to Dec. 26, 1958 and last saw her alive on Dec 25, 1958 Death occurred at 7:45AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Cornelia M.D. | | | 22b. ADDRESS Caruthersville, Mo. | | 22c. DATE SIGNED 1-17-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/28/58 | 23c. NAME OF CEMETERY OR CREMATORY Little-Prairie | | 23d. LOCATION (City, town, or county) (State) Caruthersville, Mo. |
| 24. FUNERAL DIRECTOR LaForge Und. Co. Caruthersville, | | ADDRESS MO | | 25. DATE RECD. BY LOCAL REG. 1-22-59 | 26. REGISTRAR'S SIGNATURE John H. Gorman |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 2 1959

CAROTHERSVILLE, MD

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 *Noel E. Deane*

Licensed Embalmer No. *3941*

P. O. Address... *W. B. Smith*

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.