

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017215

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 27

300
1-57

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) TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salem		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 1b 3 days	d. STREET ADDRESS 0331 rt 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William W Middle Hedrick Last Hedrick			4. DATE OF DEATH Month May Day 14 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0
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? USA
13a. FATHER'S NAME Commodor Hedrick		13b. MOTHER'S MAIDEN NAME Margaret Jamison		14. NAME OF HUSBAND OR WIFE None	
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. X	17. INFORMANT Doc Boyd Address Salem Mo rt 1		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, origin unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) known. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992					INTERVAL BETWEEN ONSET AND DEATH 3 mo.
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 <input type="checkbox"/> NOT WHILE 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 3/31/50 to 5/14/59 and last saw ^{her} him alive on 5/14/59 . Death occurred at 10:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. M. Hart (Deponent title)			22b. ADDRESS Salem Mo.		22c. DATE SIGNED 5/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-17-59	23c. NAME OF CEMETERY OR CREMATORY Round Pond Cem		23d. LOCATION (City, town, or county) (State) Dent Co Missouri
24. FUNERAL DIRECTOR Spencer Funeral Home ADDRESS Salem Mo			25. DATE RECD. BY LOCAL REG. 5/16/59	26. REGISTRAR'S SIGNATURE M. M. Hart, M. D. Secy	

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 *[Handwritten Signature]*

Licensed Embalmer No. *2370*

P. O. Address *[Handwritten Address]*

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.