

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017753

STATE FILE NUMBER
REGISTRAR'S NO. 2176

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Length of stay in lb 16 yrs	d. STREET ADDRESS 8834 Wayne (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGIA Middle HEDRICK Last HEDRICK			4. DATE OF DEATH Month 5 Day 1 Year 59		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1903	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Everton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Walter Trimble		13b. MOTHER'S MAIDEN NAME Cora Della Coble		14. NAME OF HUSBAND OR WIFE Martin L. Hedrick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Martin L. Hedrick, 8834 Wayne, KC 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) Acute myocardial infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) atherosclerosis DUE TO (c) over wt. Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis					INTERVAL BETWEEN ONSET AND DEATH 2 hr
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 Death occurred at 1:00 A.M. 1950 to 5-1-59 and last saw her alive on 4-29-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. D. Wagner (Degree or title)			22b. ADDRESS 12208 31st		22c. DATE SIGNED 5-1-59
23a. BURIAL CREATION, REMOVAL (Specify) Burial	23b. DATE 5-3-59	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) (State) Dade County Mo.	
24. FUNERAL DIRECTOR Wagner Funeral Home. K C Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 5-1-59	26. REGISTRAR'S SIGNATURE Reva Marshall		

MEDICAL CERTIFICATION
Hugh A. Gestring use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



VA 1-6400
5:30

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 Alvin R. Haunschu

Licensed Embalmer No. 4159

P. O. Address R. E. W.

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.