RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59-032895
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 144

DED

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lebanon — Length of stay in 1b: 1 wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wallace Memorial Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Camden
c. CITY OR TOWN: Montreal — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Star Route 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Harrison — Middle: Fisk — Last: Hedrick
4. DATE OF DEATH: Month: Sept — Day: 30 — Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-17-90
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months 8 Days 13 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Parking Lot
10b. KIND OF BUSINESS OR INDUSTRY: Owner Parking Lot
11. BIRTHPLACE (City and state or country): Murphysburgh Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Alfred Hedrick
13b. MOTHER'S MAIDEN NAME: Mattie Mc Vey
14. NAME OF HUSBAND OR WIFE: Katie E. Hedrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 513-09-0857
17. INFORMANT: Mrs Katie E. Hedrick, Montreal Mo — Address

MEDICAL CERTIFICATION

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 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery Atherosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Pleuritis ; Pulmonary Emphysema
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 9-24-59 to 9-30-59 and last saw him alive on 9-29-59
Death occurred at 5 30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. H. Garrison, Jr. (Degree or title) M.D.
22b. ADDRESS: Camdenton, Mo.
22c. DATE SIGNED: 10-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct, 2-1959
23c. NAME OF CEMETERY OR CREMATORY: Chapel Hills Gardens
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas
24. FUNERAL DIRECTOR — ADDRESS: Reed Funeral Home, Camdenton Mo
25. DATE RECD. BY LOCAL REG.: 10-1-1959
26. REGISTRAR'S SIGNATURE: Ulla L. Clay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter P. Hedge

Signature of Student Embalmer

Licensed Embalmer No. 426

P. O. Address Iberia,

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