URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959 200

Registration District No. _____ Primary Registration District No. 3041 Registrar's No. 200

59-040924

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MACON — Length of stay in 1b: 24 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SAMARITAN HOSPITAL — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: OLIVER Middle: ODELL Last: HEDRICK

4. DATE OF DEATH: Month: NOV Day: 20 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-27-1888
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHARMACIST
10b. KIND OF BUSINESS OR INDUSTRY: PHARMACIST
11. BIRTHPLACE (City and state or country): MO MONROE COUNTY
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: MARCONIUS HEDRICK
13b. MOTHER'S MAIDEN NAME: ELIZABETH HART
14. NAME OF HUSBAND OR WIFE: LOTUS B 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.: 492-10-7069
17. INFORMANT: LOTUS B HEDRICK Address: CLARENCE MO

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular - Renal disease — 20 yrs
DUE TO (c): _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 Nov 10, 1959, to Nov 20, 59 and last saw her/him alive on Nov 20
Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James E. Campbell (Degree or title) M.D.
22b. ADDRESS: Macon Mo.
22c. DATE SIGNED: 11/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 11-22-59
23c. NAME OF CEMETERY OR CREMATORY: MAPLE WOOD CEMETERY
23d. LOCATION (City, town, or county): CLARENCE (State): MO

24. FUNERAL DIRECTOR: GREENING ADDRESS: CLARENCE MO
25. DATE RECD. BY LOCAL REG.: 11/30/59
26. REGISTRAR'S SIGNATURE: Ruth McCreery

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS DEC 9 1959

JAN 25 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles U. Green

Signature of Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence

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