RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=025808
STATE FILE NUMBER

FILED VS JUL 18 1960 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 390

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 2da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 4 Saline County Home
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Freeman Middle Last Hedger
4. DATE OF DEATH Month 7 Day 8 Year 60
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-15-85
9. AGE (last birthday) 72 4
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) Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Saline County Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Hedger
13b. MOTHER'S MAIDEN NAME Frances Dennis
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT Medical Records Address University of Missouri Medical Center-Columbia 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) Cardiac asystole
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial ischemia
DUE TO (c) Coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Generalized Atherosclerosis, Pulmonary edema.
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

BY AFFIDAVIT OF

21. I attended the deceased from 7-6-60, to 7-8-60 and last saw her/him alive on 7-8-60
Death occurred at 3:33 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John K. Lynn (Degree or title) MD.
22b. ADDRESS Univ. of Mo. Med. Center
22c. DATE SIGNED 7-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7/9/1960
23c. NAME OF CEMETERY OR CREMATORY Gilliam Cem. Gilliam, Mo.
23d. LOCATION (City, town, or county) (State) Marshall, Mo
24. FUNERAL DIRECTOR Lyman Funeral Home ADDRESS Columbia Mo.
25. DATE RECD. BY LOCAL REG. July 9 1960
26. REGISTRAR'S SIGNATURE Mas. R.S. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia

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