

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 1 6 1960

-60-031010

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee									
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		Length of stay in 1b 9 days		c. CITY OR TOWN RR 3, Pittsburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 5 mi. SE, Pittsburg, Kan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Henry Hedges				4. DATE OF DEATH Month Aug. Day 2 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1902		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture			11. BIRTHPLACE (City and state or country) Offerle, Kansas			12. CITIZEN OF WHAT COUNTRY U S A				
13a. FATHER'S NAME Grant Hedges				13b. MOTHER'S MAIDEN NAME Freda Franz				14. NAME OF HUSBAND OR WIFE Jewell Hedges					
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. 515-18-1148		17. INFORMANT Address RR 3, Mrs. Jewell Hedges Pittsburg, Kan								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure DUE TO (b) Pulmonary Emboli DUE TO (c) Chronic Phlebo-thrombosis, both legs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 5 days			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 May 21, 1960 to Aug. 2, 1960 and last saw him alive on Aug. 1 Death occurred at 8:00A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>[Signature]</i> D. O. (Degree or title)						22b. ADDRESS Carl Junction, Mo			22c. DATE SIGNED 8/4/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 2, 1960		23c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery			23d. LOCATION (City, town, or county) (State) 6 mi. SE Pittsburg Kansas						
24. FUNERAL DIRECTOR SMITH FUNERAL HOME ADDRESS Pittsburg, Kan.				25. DATE RECD. BY LOCAL REG. 8-10-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

(Licensed Embalmer's Statement on Reverse Side)

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 20 1982

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 _____
Signature of Student Embalmer

Signed *R. Smith*

Licensed Embalmer No. 3969

P. O. Address Pittsburg

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