

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034221

FILED VS SEP 21 1960

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Primary Registration District No. 3016 Registrar's No. 315

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City - Mo</u>		Length of stay in 1b <u>37yrs</u>		c. CITY OR TOWN <u>Jefferson City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Community</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1926 Hauschka Dr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Wesley</u> Last <u>Hedrick</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>(9)</u> Year <u>13 60</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-22-1882</u>	9. AGE (last birthday) <u>78</u>	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) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Legal</u>		11. BIRTHPLACE (City and state or country) <u>Ottumwa, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph W. Hedrick</u>			13b. MOTHER'S MAIDEN NAME <u>Janeke Mills</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Kierjew</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. R.W. Hedrick Sr. Jeff City, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RUPTURE OF ANEURYSM ABDOMINAL AORTA</u>						INTERVAL BETWEEN ONSET AND DEATH <u>16 Hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ATHEROSCLEROS OF AORTA</u>						<u>10 yrs(?)</u>		
DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>						<u>15 YRS (?)</u>		
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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>SEPT 13, 1960</u> to <u>SEPT 13, 1960</u> and last saw him alive on <u>SEPT 13, 1960</u> Death occurred at <u>6:15</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>R Donald Shull M.D.</u>				22b. ADDRESS <u>521 E. High</u> <u>JEFFERSON CITY, MO.</u>		22c. DATE SIGNED <u>SEPT 13 '60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/15/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hiverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Jefferson City, Mo</u>		(State) _____	
24. FUNERAL DIRECTOR <u>Thorpe J Gordon, Jefferson City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>15 Sept - 1960</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Narri Mo Richter, Dep.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1960

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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 *Ray J. Gordon*

Licensed Embalmer No. 1286

P. O. Address Jeff City Mo

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.