

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024001

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 5114 Registrar's No. 27

FILED JUL 25 1961

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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| 1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAYNE</u> Length of stay in 1b <u>3 wks.</u> | | c. CITY OR TOWN <u>ZALMA</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>Route 2, Advance</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Star Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>JASON</u> Middle <u>POLYCARP</u> Last <u>HEDRICK</u> | | | 4. DATE OF DEATH Month <u>JUNE</u> Day <u>21</u> Year <u>1961</u> | | |
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| 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>Aug 15, 1877</u> | 9. AGE (last birthday) <u>89</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | 11. BIRTHPLACE (City and state or country) <u>Wayne Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>ANDERSON Hedrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Betty Johnson</u> | 14. NAME OF HUSBAND OR WIFE <u>Ida Spears Hedrick</u> |
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| 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. <u>NONE</u> | 17. INFORMANT Address <u>Mrs. Alma Stitts, Gipsy, Mo. Daug.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Shock.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 Hours</u> |
| DUE TO (b) <u>Cerebral Hemorrhage</u> | | |
| DUE TO (c) <u>Cerebral Arteriosclerosis</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Hypertensive Heart Disease</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u> |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 |
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21. I attended the deceased from JULY 1960, to 6-21-61 and last saw him alive on 6-21-61
Death occurred at 1:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Deceased or title) <u>R. A. Masters</u> | 22b. ADDRESS <u>Advocate Mo.</u> | 22c. DATE SIGNED (Date) <u>6-23-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>6-23-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>UNION Hill</u> | 23d. LOCATION (City, town, or county) <u>Bollinger Co., Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>W. H. Morgan, Advance, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>7/18/61</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u> |
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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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, M

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