

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040186 STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1146

DATE AMENDED INSTEAD OF DOCUMENT BY AFFIDAVIT OF ITEM NO. SHOULD READ

FILED NOV 20 1961

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP St. Joseph Length of stay in 1b 11 months c. CITY OR TOWN Browning Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last EARL V. HEDRICK 4. DATE OF DEATH Month Day Year November 4, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan. 6, 1888-- 73 9. AGE (last birthday) 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) Farm 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J.W.Hedrick 13b. MOTHER'S MAIDEN NAME Rena Veal 14. NAME OF HUSBAND OR WIFE -----

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. ----- 17. INFORMANT Address Redords, State Hospital #2, St. Joseph

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH Sudden 10 years DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 May, 1961 to Nov 4, 1961 and last saw him alive on Nov. 4, 1961 Death occurred at 7:40 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Tahir, M.D. 22b. ADDRESS State Hospital #2, St. Joseph 22c. DATE SIGNED 11-4-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-4-1961 23c. NAME OF CEMETERY OR CREMATORY Marceline Cemetery 23d. LOCATION (City, town, or county) (State) Marceline Missouri

24. FUNERAL DIRECTOR ADDRESS James M. Laughlin, Marceline, Mo. 25. DATE RECD. BY LOCAL REG. Nov. 13, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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 James McLaughlin

Licensed Embalmer No. 1274

P. O. Address _____

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.