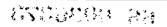
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0036373

_____Primary Registration District No. 457.5.__Registrar's No. _88 Registration District No. __3.6-1. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH **b.** COUNTY Linn a. COUNTY Sullivan a. STATE MO. admission) VS 300 AMENDED Rev. 4/59 c. CITY Inside Limits b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Milan TOWN Browning Yes 🛣 No 🗌 TOWN d. STREET (If cutside, give location) Reside on Farm Inside Limits c. FULL NAME OF (If NOT in hospital, give location) Sullivan Co em Hosp ADDRESS Yes 🗗 No 🗆 Yes □ No 🛣 INSTITUTION 4. DATE Month Day Year 3. NAME OF DECEASED First Middle (Type or print) 8 12 1966 John Hedges DEATH IF UNDER 1 YEAR 9. AGE (last birthday) 7. Married X Never Married [6. COLOR OR RACE 5. SEX Months Divorced | Widowed □ М 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done during moss of working life, even if retired) Illinois USA Farmer 14. NAME OF HUSBAND OR WIFE 135 MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Flening Sarah L Allen William R. Hedges Mary <u>Elizabeth</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 498542877 Mary Elizabeth Hedges (Yes, no, or unknown) (If yes, give war or dates of service) Browning INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DOCUMENT IMMEDIATE CAUSE (a) è 11 EAD Conditions, if any, 12 which gave rise to INST S above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal 20 PART III, If deceased was female there a pregnancy in last 90 days. disease condition given in PART I (a) □ Unknown AMENDMENT 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? YES NO Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. p.m. USE BLACK INK COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bidg., etc.) WHILE AT WORK | NOT WHILE AT WORK IT **TYPEWRITER** READ 7-29-1966 and last saw him alive on 8-12-1966 21. I attended the deceased from. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22b. ADDRESS 22c. DATE SIGNED 22a. SIGNATURE Ö Ms 23a. BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fewn, or county) AFFIDA REMOVAL (Specify) Š Purdin Purdin. Burial 24. FUNERAL DIRECTOR ≦ Wade Funeral Home Browning



STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Serald Tollado
Signature of Student Embalmer	
_	Licensed Embalmer No.
•	P. O. Address Brown
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 I	
If embalmed by a STUDENT, he also shall sign	

If this body is not embalmed, fact should be so stated above.