

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33855

4480

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4480</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City (17 yrs) 4-200</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo. (17 yrs) 9</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Devine Clinic- 918 Oak St</u>				d. STREET ADDRESS (If rural, give location) <u>911 Ewing Street 200</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u>			b. (Middle) <u>A</u>			c. (Last) <u>Hedrick</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widower (45 yrs)</u>	
8. DATE OF BIRTH <u>May 27 1873</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Hedrick</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Not Known)</u>		14. NAME OF HUSBAND OR WIFE <u>unknown (Deceased 45 yrs)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arvel Fisher Buckner Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 1949, to <u>Oct. 17</u> , 1949, that I last saw the deceased alive on <u>Oct. 17</u> , 1949, and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. W. Higgins</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Buckner, Missouri</u>		23c. DATE SIGNED <u>Oct. 18 '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-20-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>V. M. Seppert</u>		ADDRESS <u>Buc kner Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.~~

Signed _____
Student Embalmer

Signed Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address. Buckner, 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 this body is not embalmed, fact should be so stated above.