

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26405

BIRTH NO. _____		REG. DIST. NO. <u>82</u>	PRIMARY REG. DIST. NO. <u>3017</u>	Registrar's No. <u>82</u>
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		c. LENGTH-OF STAY (In this place) <u>50 yrs</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEX RAVENSWAAY HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		
		d. STREET ADDRESS (If rural, give location) <u>200 EIGHT STREET</u>		
3. NAME OF DECEASED (Type or Print) <u>OLIVER CONRAD DEDRICK</u>		a. (First)		b. (Middle)
		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 17-1886</u>	9. AGE, (In years last birthday) Months Days Hours Min. <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DAY WORK</u>	11. BIRTHPLACE (State or foreign country) <u>VERSAILLES - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>IRA B. DEDRICK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>GERTRUDE DEDRICK</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>MRS GERTRUDE DEDRICK, BOONVILLE MO</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) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>4201</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None done.</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) m.	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>Aug 15, 1950</u> , to <u>Aug 16, 1950</u> , that I last saw the deceased alive on <u>Aug 16, 1950</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Alexia Ravenswaay M.D.</u>		23b. ADDRESS <u>Boonville Mo.</u>		23c. DATE SIGNED <u>8, 10, 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BOONVILLE - MO</u>	
DATE REC'D BY LOCAL REG. <u>8-18-50</u>	REGISTRAR'S SIGNATURE <u>Hooper</u> 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEGNER FUNERAL HOME-BOONVILLE MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-21-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-21-50

REC'D
AUG 30 1950

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 James W. Stearns
Licensed Embalmer No. 3780
P. O. Address Boonville, Mo.

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.