

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041930
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 359
FILED DEC 5 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived prior to institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u> | | Length of stay in Mo <u>1 da</u> | c. CITY OR TOWN <u>La Monte</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Box 66</u> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Oliver Theodore Dedrick</u> | | | 4. DATE OF DEATH Month Day Year <u>Nov 28 1961</u> | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-8-12</u> | 9. AGE (last birthday) <u>49</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pipeline</u> | 11. BIRTHPLACE (City, and state or country) <u>Boonville, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Oliver Conrad Dedrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Kittlevick</u> | 14. NAME OF HUSBAND OR WIFE <u>Viola Dedrick</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. | 17. INFORMANT <u>Mrs. Viola Dedrick - La Monte, Mo</u> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>acute Coronary Thrombosis</u> | | <u>about 30 min.</u> |
| DUE TO (b) <u>Coronary Arteriosclerosis</u> | | <u>unknown</u> |
| DUE TO (c) | | |

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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) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>11-12-59</u> to <u>11-28-61</u> and last saw him alive on <u>11-28-61</u> Death occurred at <u>9:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) <u>T. S. Hopkins, M.D.</u> | 22b. ADDRESS <u>1609 S. Limit Sedalia, Mo.</u> | 22c. DATE SIGNED <u>11-28-61</u> |
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| 23a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Buried</u> | 23b. DATE <u>Dec. 1, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u> | 23d. LOCATION (City, town, or county) (State) <u>Boonville, Mo</u> |
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| 24. FUNERAL DIRECTOR <u>M. Laughlin Pro - Sedalia, Mo</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Nov 30 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> |
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DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1961

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 K. P. M. Cary

Licensed Embalmer No. 315-13

P. O. Address Sedalia

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.