

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14819**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5714 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u> c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u> OR TOWN <u>Wayne</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Near Sturdivant</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>FRANK</u> c. (Last) <u>HENDRICKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1949</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>Oct. 6, 1873</u>		9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>6</u> 11. DAYS <u>13</u> 12. IF UNDER 1 YEAR Hours Min.	
13a. FATHER'S NAME <u>James (Pelt) Hendrick</u>			13b. MOTHER'S MAIDEN NAME <u>Charity</u>		
13c. NAME OF HUSBAND OR WIFE <u>Ada Belle Hendrick</u>			14. NAME OF HUSBAND OR WIFE <u>Ada Belle Hendrick</u>		
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norman Neppin</u> ADDRESS <u>St. Louis</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 da.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Sclerotic Arterio-sclerosis</u>			
		DUE TO (c) <u>et endo Carditis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4502</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>460</u>		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) <u>2</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-1-, 1949 to 4-19-, 1949 that I last saw the deceased alive on 4-18-, 1949, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>		23b. ADDRESS <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>4-22-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple C. Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Norman</u>		ADDRESS <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 12-1949</u>		REGISTRAR'S SIGNATURE <u>Willie Paul Amberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Norman</u>	

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

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RECEIVED

Health Officer No. 4  
File Number 549-678  
Filed 5-19-49

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 \_\_\_\_\_

*William A. Morgan*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William A. Morgan*

Licensed Embalmer No. 4640

P. O. Address Adrian, MI

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.