

FILED JUN 9 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15032**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5142		Registrar's No. 196	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Neelyville		c. LENGTH OF STAY (in this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Neelyville		d. STREET ADDRESS (If rural, give location) 3 miles Northeast of Neelyville	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 3 miles Northeast of Neelyville			
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle)		c. (Last) Henderson	
4. DATE OF DEATH (Month) (Day) (Year) May 27, 1949		5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Aug. 12, 1892		9. AGE (in years last birthday) 57		IF UNDER 1 YEAR Months 9 Days 15		IF UNDER 24 HRS. Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Hines Co. Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME West Henderson		13b. MOTHER'S MAIDEN NAME Isabella Moore		14. NAME OF HUSBAND OR WIFE Bertha Henderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Henderson Neelyville, Mo.			
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) cerebral hemorrhage ANTECEDENT CAUSES hypertension DUE TO (b) hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS none Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 31X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓				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 7/19 , 19 49 , to 7/27 , 19 49 , that I last saw the deceased alive on 7/19 , 19 49 , and that death occurred at 11 a m., from the causes and on the date stated above.							
23a. SIGNATURE H. White				(Degree or title) MD		23b. ADDRESS Naylor Mo	
23c. DATE SIGNED 5/27/49		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/29/49		24c. NAME OF CEMETERY OR CREMATORY Neelyville	
24d. LOCATION (City, town, or county) (State) Neelyville, Mo.		DATE REC'D BY LOCAL REG. June 3 1949		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 RECD

BUTLER COUNTY HEALTH CENTER
BERNARD TRULIFF, MISSOURI

649-122

6-7-49

APR 8 1953

SEP 9 1949

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
Student Embalmer

Signed *Dwain Mc Cord*
Licensed Embalmer No. *4979*

P. O. Address *Naylor, 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.