

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20187BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3040 Registrar's No. 73187

1. PLACE OF DEATH a. COUNTY Livingston,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe, c. LENGTH OF STAY (In this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) 3 miles West Hale, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		d. STREET ADDRESS (If rural, give location) Hurricane Twp.	

3. NAME OF DECEASED (Type or Print) BERNICE MURREL HENDERSON		4. DATE OF DEATH (Month) June (Day) 12, (Year) 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb, 7, 1904
9. AGE (In years less birthday) 45		IF UNDER 1 YEAR Months 4 Days 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Geo. H. Mosler	13b. MOTHER'S MAIDEN NAME Nancy Leona Mars	14. NAME OF HUSBAND OR WIFE J. H. Henderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE		36 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic Nephritis DUE TO (c) Cholecystectomy		36 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			584x

19a. DATE OF OPERATION 6/9/49	19b. MAJOR FINDINGS OF OPERATION GALL STONES & Cholecystitis	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?

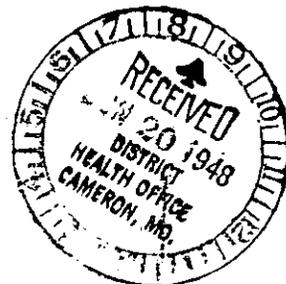
22. I hereby certify that I attended the deceased from April 14, 1949, to June 11, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 12:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Mailing, D.O.	23b. ADDRESS Chillicothe, Missouri	23c. DATE SIGNED 6/13/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/24/49	24c. NAME OF CEMETERY OR CREMATORY Maple Grove
24d. LOCATION (City, town, or county) (State) Trenton, Missouri.		

DATE REC'D BY LOCAL REG. June 13 1949	REGISTRAR'S SIGNATURE Francis B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Justin	ADDRESS Tina, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Student
Student Embalmer

Signed

Clifford W Austin

Licensed Embalmer No. **3233**

P. O. Address

Tina, 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.