

FILED SEP 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27449

No. 300  
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—66500

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 2-49

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbea</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Russellville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphrey Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Russellville</u>	
3. NAME OF DECEASED (Type or Print) <u>LUTHER H. HENDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 22-1949</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>MAY 16-1870</u>	
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Russellville Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>J. Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>NOT RECORDED</u>	
14. NAME OF HUSBAND, OR WIFE <u>Martha Henderson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Bentley</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>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4228</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>July 20, 1949</u> , to <u>Aug 22, 1949</u> , that I last saw the deceased alive on <u>Aug 22, 1949</u> , and that death occurred at <u>5:20P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. E. Humphrey, D.O.</u>		23b. ADDRESS <u>Tuscumbea, Mo.</u>	
23c. DATE SIGNED <u>8-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLOCEM</u>	
24d. LOCATION (City, town, or county) (State) <u>Russellville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emstiffens</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 27-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Russellville Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

District File Number \_\_\_\_\_

District Health Officer No. 9,

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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 *H. H. Steffens* \_\_\_\_\_

Licensed Embalmer No. *2307* \_\_\_\_\_

P. O. Address *Russellville 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.