

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29192**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **163**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) Mexico, Missouri	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location) 515 West Boulevard	
d. FULL NAME OF HOSPITAL OR INSTITUTION 515 West Boulevard			

3. NAME OF DECEASED (Type or Print) a. (First) EDNA	b. (Middle)	c. (Last) HENDRIX	4. DATE OF DEATH (Month) (Day) (Year) Sept 10, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Sept 27, 1885	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 10	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George W. Lessmann	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Oliver Hendrix
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oliver Hendrix Mexico Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		15 mins
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) Essential Hypertension		2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension			4201
			5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Mar 8, 1945**, to **Sept 10, 1949**, that I last saw the deceased alive on **Sept 10, 1949**, and that death occurred at **6:19 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. D. Swan D. W. O.	(Degree or title)	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 9-12-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
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DATE REC'D BY LOCAL REG. Sept 12 1949	REGISTRAR'S SIGNATURE Blenche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clipp Cursey Mexico Mo
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1957

RECEIVED SEP 19 1949
District Health Officer No. 10
District File No. 9-49-168
Date Filed SEP 19 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Chris Arnold*

Licensed Embalmer No. 3569

P. O. Address *Muskegon*

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.