

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5150

State File No.

FILED MAR 1 1950

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 48 yrs		2493	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 223 Elm St. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) POTTER	c. (Last) HENDRICKS	4. DATE OF DEATH (Month) (Day) (Year) Feb 9, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 24, 1900	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 24 HRS. Hours 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 at home	11. BIRTHPLACE (State or foreign country) Newton County, Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Potter	13b. MOTHER'S MAIDEN NAME Nora Chambers	14. NAME OF HUSBAND OR WIFE Charley Hendricks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Chas. Hendricks, 223 Elm, Carthage, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4-5 days 491X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia entire left lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause not determined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 Nov 23rd 1949 to Jan 9, 1950, that I last saw the deceased alive on Feb Jan 9, 1950, and that death occurred at 12:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Schick, M.D.</u>	23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>2/9/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 10, 1950</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	ADDRESS <u>Carthage, Mo.</u>
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Per. H. Ferguson, B.H. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-13-50
Jasper County Health Office

County File Number 50-1-88

Date Filed 2-28-50

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 _____

GENE H. PARRENT

Student Embalmer No. 349

working under my personal supervision.

Student *Gene Parrent*
Student Embalmer

Signed *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address *Parthage*

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.