

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5563

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 20

742
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRAVITY</u>	
c. LENGTH OF STAY (in this place) <u>6 mo</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>Vernon</u> c. (Last) <u>HENDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>Sept 2 - 1946</u>
9. AGE (In years last birthday) <u>3</u> Months <u>4</u> Days <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>	
10b. KIND OF BUSINESS-OR-INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Neosho - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Raymond Henderson</u>	13b. MOTHER'S MAIDEN NAME <u>HARriet Soma</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>	
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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) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Henderson</u>	
		ADDRESS <u>Trenton, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Pneumonia Secondary to Head Cold, possible Virus Infection</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u>		DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				<u>H92X</u>

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
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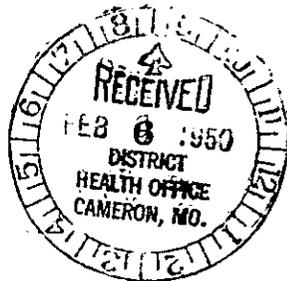
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	
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22. I hereby certify that I attended the deceased from 1-28, 1950, to 1-28, 1950, that I last saw the deceased alive on 1-28, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

23. SIGNATURE <u>W. Hardin M.D.</u>	(Degree or title)	23b. ADDRESS <u>Bedford, Ia</u>	23c. DATE SIGNED <u>1-29-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>1-30-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gravity cem</u>	24d. LOCATION (City, town, or county) (State) <u>Gravity - Ia</u>
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DATE REC'D BY LOCAL REG. <u>2-4-1950</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Frank Wetmore, Jr</u>	ADDRESS <u>Bedford, Ia</u>
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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.....

Licensed Embalmer No.

P. O. Address.....

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.