

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13469

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>12 3/2 MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>WILLIAM HENDRICKS</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-50</u>	
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-28-1887</u>
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months _____ Days _____	10. IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINER</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAM HENDRICKS.</u>	
13b. MOTHER'S MAIDEN NAME <u>EMALINE KENNEDY</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL HENDRICKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Hendricks</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left pulmonary abscess</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
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) (Minute)	
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>4-3</u> , 19 <u>50</u> , to <u>4-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>50</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Forbes</u> W. W. Forbes		23b. ADDRESS (Degree or title) <u>D.O. 2 Carterville, Missouri</u>	
23c. DATE SIGNED <u>4-21-50</u>		23d. SIGNATURE OF REGISTRAR <u>Edna D. James</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 21, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE C.M.</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>4-24-50</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GLOVER MORT, MO</u>	
25. ADDRESS <u>14 S. 1st St. Joplin, Mo.</u>		26. SIGNATURE OF EMBALMER <u>GLOVER MORT, MO</u>	

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

D. W. Forbes

0496

RECEIVED 4-29-50

Jasper County Health Office

County File Number 50-4-348

Date Filed 5-1-50

JAN 29 1954

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. ....

Signed Dale Glover

Signed.....  
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.