

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 14017

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>	c. CITY OR TOWN <u>Sedalia</u>		0804
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904 S. Quincy</u>			d. STREET ADDRESS (If rural, give location) <u>904 S. Quincy</u>		
3. NAME OF DECEASED a. (First) <u>Leslie</u> b. (Middle) <u>NOVAK</u> c. (Last) <u>HENDERSON</u>			4. DATE OF DEATH <u>March 24-1950</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>Dec. 19-1893</u>	9. AGE (In years last birthday) <u>56</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>05</u>
10a. USUAL OCCUPATION (Give kind of work; done during most of working life, even if retired) <u>Field Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm loan Co</u>	11. BIRTHPLACE (State or foreign country) <u>Seneca Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Owen M Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Novak</u>		14. NAME OF HUSBAND, OR WIFE <u>Parthenia</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>491-07-5596</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Parthenia Henderson</u>		ADDRESS <u>Sedalia</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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of Prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</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>177X</u>				
19a. DATE OF OPERATION <u>Feb 13 1950</u>	19b. MAJOR FINDINGS OF OPERATION. <u>Transurethral resection for obstruction</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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>August 1947</u> , to <u>Mar 24, 1950</u> , that I last saw the deceased alive on <u>Mar 24, 1950</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. L. Walter</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>3-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State), <u>Sedalia Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-27-50</u>	REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Laughlin Bros</u>	ADDRESS <u>Sedalia</u>		

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

APR 3

District Health Officer No. _____

District File Number _____

Date Filed 4-18-50

APR 19 1950

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 RPM Lrary

Licensed Embalmer No. 31-73

P. O. Address Sedalia 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.