

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14185

State File No. _____
Registrar's No. 126

BIRTH NO. 59296-49 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3656

5823
0

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Moberly</u> <u>0-663</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1029 Concannon</u>	

3. NAME OF DECEASED (Type or Print) <u>ROSWELL FOWELL HENDERSON III</u>			4. DATE OF DEATH <u>May-1-1950</u> (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>September-16-1949</u>	9. AGE (in years last birthday) <u>0</u> <u>7</u> <u>15</u> Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Moberly Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Roswell P. Henderson Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Cornetta Lorene Huber</u>	14. NAME OF HUSBAND OR WIFE <u>Roswell P. Henderson Jr. Moberly Mo.</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roswell P. Henderson Jr. Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intussusception of ileum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hr.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>int. ileum vomiting</u>		
	DUE TO (c) <u>Fall from high chair</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>36 hr.</u> <u>8902</u>

18a. DATE OF OPERATION <u>May 1-50</u>	19. MAJOR FINDINGS OF OPERATION <u>Intussusception ileum</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------------	--------------------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SCENE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly, Randolph, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 29 1950 10:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall from high chair</u>

22. I hereby certify that I attended the deceased from 1 May, 1950, to 1 May, 1950, that I last saw the deceased alive on 1 May, 1950, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>3 May 50</u>
-----------------------------------------------------	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-3-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
---------------------------------------------------------	-----------------------------	------------------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>5-3-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Moberly Mo</u>
----------------------------------------	------------------------------------------	-------------------------------------------------	---------------------------

MAY 25 1950

RECEIVED MAY 10 1950

District Health Officer No. _____

District File Number S-50-8

Date Filed _____

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.

Signed R. M. Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moherly 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.