No. 300
10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16081

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lum Creek
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Olen Pittman Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lum Creek 0150
d. STREET ADDRESS (If rural, give location): ~~RR~~ Gen Del

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): C
c. (Last): Henderson

4. DATE OF DEATH (Month): April (Day): 21 (Year): 1950

5. SEX: Male
6. COLOR OR RACE: wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 20 1863
9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Near Fairfield Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Henderson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF ~~HUSBAND~~ OR WIFE: Nannie A Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Olen Pittman
ADDRESS: Lum Creek Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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 — 410X
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, *to* April, 1950, *that I last saw the deceased alive on* April 21, 1950 *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E E Clackone (Degree or title) MD
23b. ADDRESS: Camdenton Mo
23c. DATE SIGNED: 5-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 24-1950
24c. NAME OF CEMETERY OR CREMATORY: Concord
24d. LOCATION (City, town, or county) (State): Fristoe Mo

DATE REC'D BY LOCAL REG.: May 16-1950
REGISTRAR'S SIGNATURE: Zilpha Trow 42
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bankson-Woolery Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-17-50
District Health Officer No. 7
District File Number F-50-5
Date Filed 5-17-50

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 ..... Student Embalmer No. ..... working under my persona! supervision.

Student .....
Student Embalmer

Signed Abbie Barkson Woolery

Licensed Embalmer No. 2488

P. O. Address Bamberton, Ma

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.