

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19748

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 164
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole 0264		
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City		c. LENGTH OF STAY (in this place) 30yrs		
c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		d. STREET ADDRESS (If rural, give location) 1954 Hayselton Drive		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1934 Hayselton Drive		d. STREET ADDRESS (If rural, give location) 1954 Hayselton Drive		
3. NAME OF DECEASED (Type or Print) Dr. Harold Keith Hendrix			4. DATE OF DEATH (Month) (Day) (Year) July 8-1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 26 1908	9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr of Osteopathy		10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (State or foreign country) Ashland Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Hendrix		13b. MOTHER'S MAIDEN NAME Stella R. Bullard	14. NAME OF HUSBAND OR WIFE Lucetta Bierman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. Keith Hendrix ADDRESS Jefferson City 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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gun shot wound thro skull DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ill health		INTERVAL BETWEEN ONSET AND DEATH Instant
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At his home	21c. (CITY, TOWN, OR TOWNSHIP) Jefferson city	(COUNTY) Cole	(STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) 7 8 1950 3 ⁰⁰ P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 121		
22. I hereby certify that I attended the deceased from Dead when, brewed, 19, that I last saw the deceased alive on, 19, and that death occurred at 3 P.M., from the causes and on the date stated above.				
23a. SIGNATURE M. Leslie M.D. (Coroner)		23b. ADDRESS Jefferson city Mo		23c. DATE SIGNED 7-11-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 11 1950	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) Jefferson City, Mo. (State)	
DATE REC'D BY LOCAL REG. July 11-1950	REGISTRAR'S SIGNATURE R.P. Dorrie MD - NR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Julia Buescher Jefferson City Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48

JUN 18 1961

RECEIVED 7-1
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-13-50

MS JUN 28 1961

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. 215

working under my personal supervision.

Student Bill Bransen
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.