No. 300
10.48

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

FILED AUG 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29750

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 213

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 205 North 3rd st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia, 0104
d. STREET ADDRESS (If rural, give location): 205 N. Third Street

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

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

5. SEX: Male
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1869
9. AGE (In years last birthday): 81 | 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): Retired janitor at Stephens College
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boone Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Horace Henderson
13b. MOTHER'S MAIDEN NAME: Margaret ?
14. NAME OF HUSBAND OR WIFE: unknown

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: Horace Henderson
ADDRESS: St Paul, Minn

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:

DUE TO (b) Hardened Arteries

DUE TO (c) "

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. "

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No injury
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No injury

22. *I hereby certify that I attended the deceased from* Aug. 1, *1950, to* Aug 4, *1950, that I last saw the deceased alive on* Aug 1, *1950, and that death occurred at* 11 50A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. P. Dyson (Degree or title)
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 8-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 7, 1950
24c. NAME OF CEMETERY OR CREMATORY: Columbia Cem.
24d. LOCATION (City, town, or county) (State): Columbia Mo

DATE REC'D BY LOCAL REG.: Aug 7 1950
REGISTRAR'S SIGNATURE: Mrs R E Palmer
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25. FUNERAL DIRECTOR'S SIGNATURE: Victor Brown
ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-14-5
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-14-52

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 A. C. Freeman

Signed
Student Embalmer

Licensed Embalmer No. 2837

P. O. Address 608 Park Columbia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.