No. 300
10.48

FILED AUG 11 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22886

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 311

**1. PLACE OF DEATH**
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place): 73
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): POPLAR BLUFF HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HENDRICKSON 5120
d. STREET ADDRESS (If rural, give location): NONE

**3. NAME OF DECEASED** (Type or Print)
a. (First): NATHAN
b. (Middle): WARD
c. (Last): HENDRICKSON

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 17 1950

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: Dec 22-1875
**9. AGE** (In years last birthday): 74 — 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 CROSSING WATCHMAN
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): WABASH IND
**12. CITIZEN OF WHAT COUNTRY?**: US

**13a. FATHER'S NAME**: JASPER HENDRICKSON
**13b. MOTHER'S MAIDEN NAME**: JENNIE CASEY
**14. NAME OF HUSBAND OR WIFE**: ANNIE L. HENDRICKSON

**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.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Annie L. Hendrickson — **ADDRESS**: HENDRICKSON

**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): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Prostate with metastasis to pelvis — 2 yrs.
DUE TO (c): Spine & Chest

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 17 Yr

**19a. DATE OF OPERATION**: 7/31/48
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of Prostate
**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.): NO
**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* 26 MARCH *19*48, *to* 17 July, *19*50, *that I last saw the deceased alive on* 17 July, *19*50, *and that death occurred at* 10 AM *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: J. Lester Harwell, M.D. (Degree or title)
**23b. ADDRESS**: Poplar Bluff Mo.
**23c. DATE SIGNED**: 20 July 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: JULY 19-1950
**24c. NAME OF CEMETERY OR CREMATORY**: OAK HILL CEM.
**24d. LOCATION** (City, town, or county) (State): 9 mi. N. POPLAR BLUFF MO

**DATE REC'D BY LOCAL REG.**: July 28-1950
**REGISTRAR'S SIGNATURE**: Wm. H. Johnson 428
**25. FUNERAL DIRECTOR'S SIGNATURE**: N. T. Phelps — **ADDRESS**: Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 9 1950
BUTLER CO. HEALTH CENTER
FILE No. 850-329

AUG 16 1950

MAR 19 1951

AUG 29 1951

## 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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.