S. No. 300
v. 10.48

FILED AUG 7 1950

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

23939

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 358

0550

**1. PLACE OF DEATH**
a. COUNTY Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mount Vernon
c. LENGTH OF STAY (in this place) 383 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Sanatorium

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Monroe City 0690
d. STREET ADDRESS (If rural, give location) 420 South Oak

**3. NAME OF DECEASED** (Type or Print)
a. (First) Roy
b. (Middle) H.
c. (Last) Hendricks

**4. DATE OF DEATH** (Month) (Day) (Year) 7-24 - 50

**5. SEX** Male 0
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married 1
**8. DATE OF BIRTH** 10-10-10
**9. AGE** (In years last birthday) 39 | 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) Feed Mill Worker
**10b. KIND OF BUSINESS OR INDUSTRY** Feed Mill
**11. BIRTHPLACE** (State or foreign country) Chambersburg, Ill. 1
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Ralph W. Hendricks
**13b. MOTHER'S MAIDEN NAME** Lilly Brown
**14. NAME OF HUSBAND OR WIFE** Ruth Hendricks

**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.** 343 07 3769
**17. INFORMANT'S SIGNATURE OR NAME** Ruby Ann Wilson, Mo. State San. **ADDRESS** Mt. Vernon, 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) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH Abt. 14 Mo.

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

*Conditions contributing to the death but not related to the disease or condition causing death.* 002X

**19a. DATE OF OPERATION**
**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* 7-5- *, 19*49*, to* 7-24- *, 19*50*, that I last saw the deceased alive on* 7-24- *, 19*50*, and that death occurred at* 8:10 P.m.*, from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) C. A. Brashir M.D.
**23b. ADDRESS** Mo. State San. Mount Vernon, Missouri
**23c. DATE SIGNED** 7-24-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal Burial
**24b. DATE**
**24c. NAME OF CEMETERY OR CREMATORY** City Cemetery
**24d. LOCATION** (City, town, or county) (State) Mt Vernon, Mo.

**DATE REC'D BY LOCAL REG.** July 25, 1950
**REGISTRAR'S SIGNATURE** Cecil Hendricks 411
**25. FUNERAL DIRECTOR'S SIGNATURE** Fossetts F Home **ADDRESS** Mt Vn

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750 — 875

Date Filed 7-31-50

## 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 personal supervision.

Student ..... Student Embalmer

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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.