

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26585

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 751

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>638 Nichols</b>		d. STREET ADDRESS (If rural, give location) <b>638 Nichols</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Hendrix</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 22-50</b>
-------------------------------------	---------------------------	-----------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 20</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Refrigeration Service</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Windsor Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	-----------------------------------	--	--

13a. FATHER'S NAME <b>John T. Hendrix</b>	13b. MOTHER'S MAIDEN NAME <b>Susan E. Browning</b>	14. NAME OF HUSBAND OR WIFE <b>Widower</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bryon Hendrix Spgfld. Mo.</b>	ADDRESS
---	------------------------------------	--	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>2 yrs</b> <b>4 1/2 X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic - renal dis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>mm</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from Aug 22, 1950 to Aug 22, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm H. Sibley</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>8/22/50</b>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-24-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>8-25-50</b>	REGISTRAR'S SIGNATURE <b>W E Handley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W.Klingner &amp; Co.</b>	ADDRESS <b>Spgfld. Mo.</b>
---	---	--	----------------------------

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

DEC 3 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.

Signed *Ogle Stone Jr*

Licensed Embalmer No. 4176

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Springfield

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.