

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33286

BIRTH NO. _____		REG. DIST. NO. 122		PRIMARY REG. DIST. NO. 5454		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POND CREEK		c. LENGTH OF STAY (In this place) 90 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POND CREEK		d. STREET ADDRESS (If rural, give location) Rt. # 2, BILLINGS 1330			
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. # 2, BILLINGS									
3. NAME OF DECEASED (Type or Print) a. (First) MARQUIS		b. (Middle) RIGHT		c. (Last) HENDRICKS		4. DATE OF DEATH (Month) (Day) (Year) 10 - 26 - 1950			
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 23 - 1860		9. AGE (In years last birthday) 90	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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) GREENE CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE HENDRICKS IDA JOSEPHINE SMALLING					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ONAMP HENDRICKS, Rt. 2, BILLINGS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic bronchitis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs. 4 yrs - 501X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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. 14, 1939, to Aug. 26, 1950, that I last saw the deceased alive on Aug. 26, 1950, and that death occurred at 5:30 p. m., from the causes and on the date stated above.									
23a. SIGNATURE P. W. Marshall, D.O. (Degree or title)				23b. ADDRESS Billings, Mo.		23c. DATE SIGNED 10/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct. 28 - 1950		24c. NAME OF CEMETERY OR CREMATORY KERR		24d. LOCATION (City, town, or county) (State) GREENING CO., MISSOURI			
DATE REC'D BY LOCAL REG. Oct. 28 - 1950		REGISTRAR'S SIGNATURE Florence Brittain		25. FUNERAL DIRECTOR'S SIGNATURE John Hlean Harris		ADDRESS Cleve, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

390

RECEIVED

Greene County Health Office,

County File Number 58-11-56

Date Filed 11-10-50

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.

Signed John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, 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.