No. 300
10.48

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

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39734

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 228

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0042
d. STREET ADDRESS (If rural, give location): 909 E. Railroad

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

4. DATE OF DEATH (Month) (Day) (Year): 12 23 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: 6-10-1923
9. AGE (In years last birthday): 27 — 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): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Callaway County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George Henderson
13b. MOTHER'S MAIDEN NAME: Ruth Shock
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: George Henderson — **ADDRESS**: Mexico 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): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Dec 16-50

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Manic depressive psychosis depressive type — Nov 1st
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 309X

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* Nov 1, 1950, *to* Dec 23, 1950, *that I last saw the deceased alive on* Dec 23, 1950, *and that death occurred at* 2:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry J. O'Brien (Degree or title): M.D.
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 12-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-26-1950
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Mexico Mo.

DATE REC'D BY LOCAL REG.: Dec 26 1950
REGISTRAR'S SIGNATURE: Blanche Keely
25. FUNERAL DIRECTOR'S SIGNATURE: Steve O. Parker — **ADDRESS**: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 1-51-38
Date Filed: JAN 10 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~~.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Stuart G. Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 2900

P. O. Address Columbia, Me

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.