

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1950

State File No. 41684

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	c. LENGTH OF STAY (In this place) <u>26 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u> <u>0781</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hayti</u>		d. STREET ADDRESS (If rural, give location) <u>Hayti</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Melton</u> c. (Last) <u>Hendrix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>10</u> <u>50</u>		
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/4/94</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Disabled</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Disabled</u>	11. BIRTHPLACE (State or foreign country) <u>Marlin, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>John Hendrix</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Calvin</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Woodrow Hendrix</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War I</u>	16. SOCIAL SECURITY NO. <u>497-09-0081</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie W Hendrix</u>	ADDRESS <u>Hayti, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES MORIBUND 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/10, 1950, to 12/10, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence D. Kaiser</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Hayti, Missouri</u>	23c. DATE SIGNED <u>12/10/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-12-50</u>	REGISTRAR'S SIGNATURE <u>John W German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W German</u>	ADDRESS <u>Hayti, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0781

12-50-312

DEC 17 1938

DEC 29 1938

DEC 17 1938

S. B. Beecher, M. D.,
Gemiscot County Health Department,
Caruthersville, Missouri

DEC 27 1938

DEC 13 REC'D

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 _____

William H. Stovall, Jr.

Student Embalmer No. 401

working under my personal supervision.

Signed *William H. Stovall, Jr.*
Student Embalmer

Signed *John W German*
Licensed Embalmer No. 4355
P. O. Address *Hayti, 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.