

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41930

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WASHINGTON	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BISMARCK, RURAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BELGRADE, RURAL	
c. LENGTH OF STAY (in this place)		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION IRON TWP.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Roy Cecil Hendrix		4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1950	
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH April 14, 1933
9. AGE (In years last birthday) 17		10. MONTHS 8	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		11. BIRTHPLACE (State or foreign country) BELGRADE, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME IRAGUS HENDRIX	
13b. MOTHER'S MAIDEN NAME BESSIE HOPKINS		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 Dra Lisa Hendrix		ADDRESS Belgrade, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown Injury Result: death due to skull fracture received in an automobile accident ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ant DUE TO (c) Skull Fracture II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 28166 26		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 2	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington Co. Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23, 1950 8:45	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto collision	
22. I hereby certify that I attended the deceased from 10 , 19 50 , to 19 , 19 50 , that I last saw the deceased alive on 19 , 19 50 , and that death occurred at 10 m., from the causes and on the date stated above.			
23a. SIGNATURE Cecil J. Miller		23b. ADDRESS Carover Farmington, Mo	
23c. DATE SIGNED 12/27/50		24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 12-27-50		24c. NAME OF CEMETERY OR CREMATORY M.E. Cemetery #921	
24d. LOCATION (City, town, or county) (State) Calcedonia MO		DATE REC'D BY LOCAL REG. Dec. 28, 1950	
REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Shipman-Sparks	
ADDRESS Bismark, Mo.		ADDRESS	

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

940
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

JAN 8 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.

Student
Student Embalmer

Signed _____

Curt Sparks

Licensed Embalmer No. _____

4289

P. O. Address _____

Flat River

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.