.S. No. 300
EV: 10.48

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FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1685

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Concordia (Freedom Twp)
c. LENGTH OF STAY (In this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Concordia (Freedom Twp) 0540
d. STREET ADDRESS (If rural, give location): D

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

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23. 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed. 9
8. DATE OF BIRTH: Feb. 13. 1862
9. AGE (In years last birthday): 88 — If under 1 year: Months 11, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work.
11. BIRTHPLACE (State or foreign country): Arkansas. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joseph Parker
13b. MOTHER'S MAIDEN NAME: Salethia Osborn
14. NAME OF HUSBAND OR WIFE: Dave Henderson (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates): no.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Dan Fears
ADDRESS: Concordia 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) Cerebral Embolism and Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

B32X

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* Jan 16, 1951, *to* Jan 23, 1951, *that I last saw the deceased alive on* Jan 23, 1951, *and that death occurred at* 1145 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon L. Spencer
(Degree or title): D.O.
23b. ADDRESS: Higginsville Mo.
23c. DATE SIGNED: 1-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: Jan. 26. 1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Carrollton Mo.

DATE REC'D BY LOCAL REG.: Feb 6-1951
REGISTRAR'S SIGNATURE: Clayton N. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE: Marshall Funeral Home
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-14-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 2-14-51

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 R M Marshall Jr

Licensed Embalmer No. 4469

P. O. Address Carrollton Mo.

Note - The above must BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)

If this body is not embalmed, fact should be so stated above.