

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2129

FILED FEB 13 1951

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Buffalo		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 2, Louisiana, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Buffalo 0820	
		d. STREET ADDRESS (If rural, give location) R.F.D. # 2, Louisiana, Mo. 0	

3. NAME OF DECEASED (Type or Print) Nora Martz Henderson			4. DATE OF DEATH (Month) (Day) (Year) 2 / 5 / 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 30, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 5	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Martz	13b. MOTHER'S MAIDEN NAME Elizabeth Ervin	14. NAME OF HUSBAND OR WIFE Merrill Henderson
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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) NO	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Henderson, Louisiana, Mo.
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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) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4-13X

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)	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 12-4-1950, to 2-5-1951, that I last saw the deceased alive on 2-4-1951, and that death occurred at 11:40 am from the causes and on the date stated above.

23a. SIGNATURE ROBERT L. ANDRAE, M.D. (Degree or title) Robert L. Andrae M.D.	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 2/5/1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/7/51	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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DATE REC'D BY LOCAL REG. Jan 5, 1951	REGISTRAR'S SIGNATURE Bernice Collier	FUNERAL DIRECTOR'S SIGNATURE George D. Payne	ADDRESS Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-337
Date Filed: FEB 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, George O. Wagner By _____

working under my personal supervision.

Student Embalmer No.

Signed _____

George O. Wagner

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address Kenner, Louisiana, M

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.