

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>0127</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED a. (First) <u>ANNIE</u> b. (Middle) <u>LAURA</u> c. (Last) <u>HENDRICKSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 15 1951</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 23 1881</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>HENDRICKSON MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>VIRGIL DALTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH COLEMAN</u>		14. NAME OF HUSBAND OR WIFE <u>NATHAN V. HENDRICKSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Hendrickson, Hendrickson Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia, bilateral</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Arterial Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arthritis, chronic, dorsal spine</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 mos.</u> <u>????</u> <u>????</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>243X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>		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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>2 Nov.</u> , 19 <u>50</u> , to <u>15 Feb.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12 Feb.</u> , 19 <u>51</u> , and that death occurred at <u>10:40 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Lester Harwell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>21 Feb. 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>12 mi N POPLAR BLU MO</u>	
DATE REC'D BY LOCAL REG. <u>March 5 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N.T. Phelps</u> ADDRESS <u>Poplar Bluff Mo</u>			

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

124

RECEIVED

MAR 13 1951
BUTLER CO. HEALTH CENTER

FILE No. 351-124

AUG 28 1951

AUG 25 1951

MAR 19 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 *V. J. Kelly*

Licensed Embalmer No. 3231

P. O. Address *Paplar Bluff 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.