

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5164**

BIRTH NO. 1 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rosehill Twp.)		c. LENGTH OF STAY (In this place) 54 yrs	c. CITY (If outside corporate limits, write RURAL and give township) 0510 OR TOWN Rural Blairstown
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	a. (First) Lueza	b. (Middle) Elizabeth	c. (Last) Henderson
4. DATE OF DEATH	(Month) Feb.	(Day) 21,	(Year) 1951
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar 18th 1871
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Days 8 Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Henry Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John A. Newman	
13b. MOTHER'S MAIDEN NAME Anna Webster		14. NAME OF HUSBAND OR WIFE Elles Henderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Floyd Henderson, Blairstown, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		4221	
II. OTHER SIGNIFICANT CONDITIONS Gen Arteriosclerosis		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (a) _____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 Jan 2, 1951 , to Feb 21, 1951 , that I last saw the deceased alive on Feb 20, 1951 , and that death occurred at 11:25 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Kelly Rowlands M.D.		23b. ADDRESS Holder Mo.	23c. DATE SIGNED 2/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/23/51	24c. NAME OF CEMETERY OR CREMATORY Blairstown, Mo.	24d. LOCATION (City, town, or county) (State) Blairstown, Mo.
DATE REC'D BY LOCAL REG. 2-24-51	REGISTRAR'S SIGNATURE Mrs H V Redford	25. FUNERAL DIRECTOR'S SIGNATURE Cook Funeral Home, Chilhowee, Mo.	

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

RECEIVED
MAR 5 1951
JOHNSON COUNTY HEALTH DEPT.

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 _____

Licensed Embalmer No. 4335

P. O. Address Delaware

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.