

STANDARD FORM OF DEATH

FILED APR 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

0396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Halfway, RURAL 1840</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (rural, give location) <b>R.R. # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) <b>Marie</b> c. (Last) <b>Henderson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Oct. 9 - 1900</b>		9. AGE (In years last birthday) <b>50</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>Elkhead, Mo.</b>	

13a. FATHER'S NAME <b>Francis M. Kirkpatrick</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Walker</b>		14. NAME OF HUSBAND OR WIFE <b>Claude F. Henderson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Claude F. Henderson, Halfway, Mo</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>uraemia.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Nephritic hemorrhagic Acute</b>		<b>3 months.</b>	
		DUE TO (c) <b>Hypertension Chronic Severe.</b>		<b>1 year</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>590X</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 Apr 14, 1951, to Apr 26, 1951, that I last saw the deceased alive on Apr 26, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Newton Walker</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>4-27-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 28 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union Chapel</b>	
				24d. LOCATION (City, town, or county) (State) <b>Christian County Mo.</b>	

DATE REC'D BY LOCAL REG. <b>4-27-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Haudley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>T. B. Chaffin, Ozark, Mo.</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed T. B. Chaffin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.