

FILED APR 20 1951

STANDARD CERTIFICATE OF DEATH

13324

State File No.

0700
1

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

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4347 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u> <u>1700</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>ELMORE</u> c. (Last) <u>HENDERSHOT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APP 9 1951</u>
5. SEX <u>M</u> <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 11 1877</u>
9. AGE (In years last birthday) <u>73</u>		9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Bank - Co Office</u>		11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>R.M. Hendershot</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Morgan</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>357-20-8261</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>M. E. Hendershot Middletown Mo</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> 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) _____ DUE TO (c) _____ 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"/>		<u>4201</u>	
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 <u>4/9</u> 19 <u>51</u> , to <u>4/9</u> 19 <u>51</u> , that I last saw the deceased alive on <u>4/9</u> 19 <u>51</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Hirsch M.D.</u> (Degree or title)		23b. ADDRESS <u>Middletown, Mo</u>	
23c. DATE SIGNED <u>4/10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Apr. 11 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 10-51</u>		REGISTRAR'S SIGNATURE <u>210 Joe F. Chapman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ab. Fitch</u> ADDRESS <u>Middletown, Mo</u>			

DEC 6 1951

RECEIVED

APR 16 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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

John T. Butler

Licensed Embalmer No. *4447*

P. O. Address *Lawrence, Ga*

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.