

FILED AUG 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26289

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 228

1. PLACE OF DEATH
 a. COUNTY Callaway 0143
 b. CITY OR TOWN Fulton
 c. LENGTH OF STAY (In days) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hosp.
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Callaway
 c. CITY OR TOWN Fulton 0143
 d. STREET ADDRESS (If rural, give location) 406 N. W. 8th St.

3. NAME OF DECEASED
 a. (First) Samuel b. (Middle) Muchmore c. (Last) Henderson
 DATE OF DEATH Aug 17-1951
 (Type or Print)

4. SEX Male 5. COLOR OR RACE Negro 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 7. DATE OF BIRTH Feb. 21-1910 8. AGE (In years last birthday) 41 9. UNDER 1 YEAR 5 MONTHS 26 10. IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY DR 11. BIRTHPLACE (State or foreign country) Auxvasse, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cortez Henderson 13b. MOTHER'S MAIDEN NAME Minnie Bennett 14. NAME OF HUSBAND OR WIFE _____

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. 494-07-9362 17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Henderson Mo.

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) ruptured abdominal aorta with hemorrhage
 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.
 INTERVAL BETWEEN ONSET AND DEATH 8hr

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Fulton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/16, 1951, to 8/17, 1951, that I last saw the deceased alive on 8/17, 1951, and that death occurred at 300A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George J. Woodruff 23b. ADDRESS Fulton Mo 23c. DATE SIGNED 8/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE Aug 19-51 24c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery 24d. LOCATION (City, town, or county) (State) Auxvasse (Rural) Mo.

DATE REC'D BY LOCAL REG. Aug-19-1951 REGISTRAR'S SIGNATURE Maretha Lawrence 426 25. FUNERAL DIRECTOR'S SIGNATURE Eli Bell ADDRESS Fulton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 28 1951

RECEIVED

FEB 16 1961

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 _____

Harry T. Bell

Student Embalmer No. *403*

working under my personal supervision.

Student *Harry T. Bell*
Student Embalmer

Signed *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.