

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27450

State File No.

No. 300
10.48

FILED SEP 10 1951

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 3031 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> <u>0502</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto</u> c. LENGTH OF STAY (in this place) <u>4 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto</u> <u>0502</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 Boyd St.</u>		d. STREET ADDRESS (If rural, give location) <u>421 Boyd St. 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>Jane</u> c. (Last) <u>HENDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29-1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAR. 9-1880</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>California, Mo</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY H SIMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca SON</u>	
14. NAME OF HUSBAND OR WIFE <u>CHAS. HENDERSON</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Vrablic - St Louis, Mo</u>	
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>Bronchitis-pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>auricular fibrillation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen arterio-sclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	
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 <u>Oct 15, 1947</u> , to <u>Aug 29, 1951</u> , that I last saw the deceased alive on <u>Aug 29, 1951</u> , and that death occurred at <u>8:35 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold V. Hoffmeyer M.D.</u>		23b. ADDRESS <u>De Soto Mo.</u>	
23c. DATE SIGNED <u>Aug 31, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodawn</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>See Mothershead</u>	
DATE REC'D BY LOCAL REG. <u>8-31-51</u>		REGISTRAR'S SIGNATURE <u>Maria Harris</u>	
25. ADDRESS <u>De Soto Mo.</u>		25. ADDRESS <u>De Soto Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 9-3-51

JUL 19 1957

JUN 26 1958

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 Andrew H England

Licensed Embalmer No. 47458

P. O. Address De Soto, 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.