

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34375

State File No. 74
Registrar's No. 4322

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY **MERCER**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **PRINCETON**
c. LENGTH OF STAY (in this place) **5 DAYS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **AXTELL HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **PUTNAM**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL JACKSON TOWNSHIP**
d. STREET ADDRESS (If rural, give location) **LUCERNE**

3. NAME OF DECEASED (Type or Print)
a. (First) **SARAH** b. (Middle) **ALLURA** c. (Last) **HENDRIX**
4. DATE OF DEATH (Month) (Day) (Year) **SEPT. 20 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **SEPT. 5 1862**
9. AGE (In years last birthday) **89** IF UNDER 1 YEAR **0** MONTHS **15** DAYS IF UNDER 1 HOUR **0** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (State or foreign country) **PUTNAM COUNTY MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **SAMUEL HURLBURT** 13b. MOTHER'S MAIDEN NAME **HARRIET SPENCER** 14. NAME OF HUSBAND OR WIFE **JAMES HENDRIX**

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. **NONE** 17. INFORMANT'S SIGNATURE, OR NAME **Mrs John A Morris Lucerne Mo** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
F. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broncho pneumonia**
ANTECEDENT CAUSES
DUE TO (b) **chronic myocarditis 10 yrs**
DUE TO (c) **fracture of hip 3 da**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death **E9030**
INTERVAL BETWEEN ONSET AND DEATH **1 da**

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **home** 21c. (CITY, TOWN, OR TOWNSHIP) **Lucerne** (COUNTY) **Putnam** (STATE) **Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **9 17 51 2A** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **trip over curb**

22. I hereby certify that I attended the deceased from **9/17, 1951**, to **9/20, 1951**, that I last saw the deceased alive on **9/19, 1951**, and that death occurred at **2:18 a.m.**, from the causes and on the date stated above.

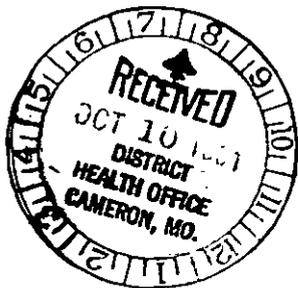
23a. SIGNATURE **[Signature]** (Degree or title) **Dr.** 23b. ADDRESS **Lucerne Mo** 23c. DATE SIGNED **9/25/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **SEPT. 23 1951** 24c. NAME OF CEMETERY OR CREMATORY **BETHANY CEMETRY** 24d. LOCATION (City, town, or county) (State) **PUTNAM COUNTY MISSOURI**

DATE REC'D BY LOCAL REG. **10-2-51** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **COMSTOCK FUNERAL HOME UNIONVILLE, MO.**

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

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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

James W Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.