

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34596

State File No.

FILED NOV 2 1951

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-N. Belleau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oxley</u>	
c. LENGTH OF STAY (In this place) <u>10 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT.</u> b. (Middle) <u>Henderson</u> c. (Last) <u>Henderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>1864</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	
14. NAME OF HUSBAND OR WIFE <u>Wife</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ferndale Nursing Home - St. James</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis and</u>		<u>3 year</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degenerative</u>		<u>3 year</u>	
DUE TO (c) <u>Chronic nephritis about</u>		<u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>removal of tonsils 442x</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>Jan. 25, 1951</u> , to <u>Oct. 27, 1951</u> , that I last saw the deceased alive on <u>Oct. 25, 1951</u> , and that death occurred at <u>5:00</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. Hammler, M.D.</u>		23b. ADDRESS <u>St. James</u>	
23c. DATE SIGNED <u>10-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rayson Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rural St. James, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Oct-29-51</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Lichlider</u>		ADDRESS <u>St. James</u>	

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

810
4

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.