

FILED DEC. 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36323

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5084 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkhart Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkhart Twp</u> <u>1070</u>	
c. LENGTH OF STAY (in this place) <u>50 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jonathan</u> b. (Middle) <u>Turner</u> c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Feb. 11, 1893</u>		9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY	
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		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Charles B. Henderson</u>	
13b. MOTHER'S MAIDEN NAME <u>Armanda Balden</u>				14. NAME OF HUSBAND OR WIFE <u>Iva Irene Henderson</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Iva Irene Henderson Amoret, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>May 10, 1945</u> to <u>March 8, 1951</u> , that I last saw the deceased alive on <u>NOV 28, 1951</u> , and that death occurred at <u>4 p m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>L. C. Mangold</u>		23b. ADDRESS <u>Keeton</u>		23c. DATE SIGNED <u>12-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 4 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keeton</u>	
		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo.</u>			

DATE REC'D BY LOCAL REG. <u>12-3-51</u>		REGISTRAR'S SIGNATURE <u>L. C. Mangold</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harbor 9 Mangold Amsterdam</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

070

RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

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.

Signed L. G. Mangold

Signed _____
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.