S. No. 300
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FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36634

State File No. 5218

BIRTH NO. — REG. DIST. NO. 59 PRIMARY REG. DIST. NO. — Registrar's No. 142

0190
1

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Big Creek
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Miles west Pleasant Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Big Creek 0190
d. STREET ADDRESS (If rural, give location): 5 miles west Pleasant Hill

3. NAME OF DECEASED (Type or Print)
a. (First): GLEN
b. (Middle): HARRIS
c. (Last): HENDRICKS

4. DATE OF DEATH (Month) (Day) (Year): 11-12-1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 2-27-1909
9. AGE (In years last birthday): 42 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rockie Ford- Colo. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Hendricks
13b. MOTHER'S MAIDEN NAME: May Harris
14. NAME OF HUSBAND OR WIFE: Maud Hendricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY: 487-09-2778 2778
17. INFORMANT'S SIGNATURE OR NAME: Mrs Maud Hendricks — ADDRESS: Pleasant Hill, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accidence of violence or poisonous exam
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 11-12, 1951, *to* (10 32 PM) 11-12-51, 19 A, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10 50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A W Ehlund MD
23b. ADDRESS: Pleasant Hill Mo
23c. DATE SIGNED: 11-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-15-1951
24c. NAME OF CEMETERY OR CREMATORY: Lees Summit Cem
24d. LOCATION (City, town, or county) (State): Lees Summit, Mo.

DATE REC'D BY LOCAL REG.: Nov 19, 1951
REGISTRAR'S SIGNATURE: Dora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE: Allen Brownfield — ADDRESS: Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 24 1951
CAS. COUNTY
HEALTH DEPARTMENT

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 William L. Anderson

Licensed Embalmer No. 4674

P. O. Address Pleasant Hill, 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.