

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37740

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5-569 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Brooking Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Brooking Twp.</u>	
c. LENGTH OF STAY (In this place) <u>50 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Near Little Blue, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Near Little Blue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) <u>Austin</u> c. (Last) <u>Hendrickson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 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>Sept. 26, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Kahoka, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wyley Hendrickson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Belle Hendrickson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Belle Hendrickson, Indep. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u>			<u>18 months</u>
	DUE TO (c) <u>Nephritis</u>			<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

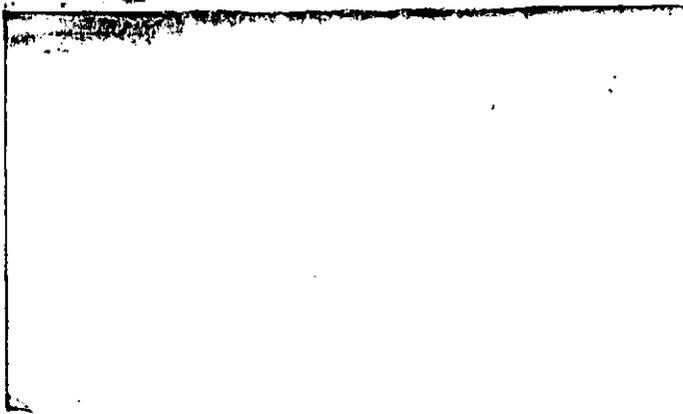
22. I hereby certify that I attended the deceased from Jan. 2, 1951, to Nov. 12, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 4:15 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kenneth Adler, D.O.</u> (Degree or title)	23b. ADDRESS <u>2646 Jackson H.E. Mo.</u>	23c. DATE SIGNED <u>11-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Raytown, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>11-14-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	35475 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Lee's Summit, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 REC'D



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

*W. B. Longford*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.