

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

258

State File No.

BIRTH NO. 385-52 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>2211 S. 16th Street</u> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Scott</u>	c. (Last) <u>Hendrickson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 13, 1952.</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> <u>0</u>	8. DATE OF BIRTH <u>Jan. 5, 1952.</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months <u>X</u> Days <u>7</u> Hours <u>1</u> Min. <u>0</u>	11. UNDER 2 HRS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>****</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herschel F. Hendrickson</u>	13b. MOTHER'S MAIDEN NAME <u>Margorie G. Sadler</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>****</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herschel F. Hendrickson</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>28 hours</u> <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema & hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>etiology undetermined.</u> DUE TO (c) <u>Tetanic convulsions</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>061X</u>
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22. I hereby certify that I attended the deceased from JAN. 12, 1952 to JAN. 13, 1952, that I last saw the deceased alive on JAN. 12, 1952 and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Justin M. Hughes M.D.</u>	(Degree or title)	23b. ADDRESS <u>206-7 Kirkpatrick Bldg St. Joseph, Mo.</u>	23c. DATE SIGNED <u>1-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14, 1952.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lone Jack, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 14, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hoffer</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side).

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

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.....*** ****
Student Embalmer

Signed.....*Albert B. Harrington*

Licensed Embalmer No.....3258 Missouri.

P. O. Address.....St. Joseph, Missouri.

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.