

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19133**

FILED JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **90**

1082
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Nevada)		c. CITY (If outside corporate limits, write RURAL and give township) Nevada 1082	
c. LENGTH OF STAY (In this place) 69 years		d. STREET ADDRESS (If rural, give location) 418 East Douglas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 West Walnut			

3. NAME OF DECEASED a. (First) James b. (Middle) Harvey c. (Last) Henderson			4. DATE OF DEATH (Month) May (Day) 21 (Year) 1952		
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5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH exact date unknown	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nevada, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James W Henderson		13b. MOTHER'S MAIDEN NAME Dolly Nelson		14. NAME OF HUSBAND OR WIFE Odessa Henderson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-05-8455	17. INFORMANT'S SIGNATURE OR NAME Leola Walton		ADDRESS 418 East Douglas
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation or asystole		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease Died suddenly while at work. DUE TO (c)			2 years
	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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) mid m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 8, 1950**, to **May 21, 1952**, that I last saw the deceased alive on **May 20, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ray W. Purcell M.D.	23b. ADDRESS Nevada Mo	23c. DATE SIGNED 5/26/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 24 1952	24c. NAME OF CEMETERY OR CREMATORY Deerwood Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Missouri
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DATE REC'D BY LOCAL REG. 5-28-1952	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Mo.
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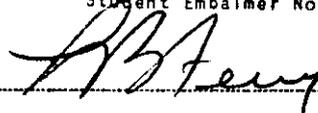
STATEMENT BY LICENSED EMBALMER

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 _____



Signed.....

Student Embalmer

Licensed Embalmer No. 17 1760

P. O. Address Nevada, 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.