

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**JUN 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 93

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rual, Jackson</b>	
c. LENGTH OF STAY (in this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D.#2, Mexico</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROLLA</b>	b. (Middle) <b>RAYMOND</b>	c. (Last) <b>HENDRIX</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 3, 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stock</b>	11. BIRTHPLACE (State or foreign country) <b>Callaway County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Hendrix</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Balingier</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Hendrix</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ethel Hendrix, R.#2, Mexico, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>and 2 blocks 194</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Block - Right Bundle Branch</b>		
	ANTECEDENT CAUSES <b>block with myocardial infarction.</b>		
	DUE TO (b) <b>hypertensive crisis &amp; vascular disease</b>		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>44 3X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>X</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>X</b>
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22. I hereby certify that I attended the deceased from **June 2, 1952, to June 9, 1952**, that I last saw the deceased alive on **June 9, 1952**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harry J. O'Brien M.D.</b>	23b. ADDRESS <b>Mexico, Missouri</b>	23c. DATE SIGNED <b>6-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 12, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Audrain County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 9, 1952</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl E. Puckett</b>	ADDRESS <b>Mexico, Mo.</b>
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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*Ralph L. Hueston Jr.*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.