

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20111

128

571

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salina</b>	
c. LENGTH OF STAY (in this place) <b>15 Min</b>		d. STREET ADDRESS (If rural, give location) <b>1 1/2 miles S. of Salina</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Leola</b>	b. (Middle) <b>M. Hendrickson</b>	c. (Last) <b>Hendrickson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 6 1899</b>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <b>53 1 6</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTH PLACE (State or foreign country) <b>Carroll County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William P. Graham</b>	13b. MOTHER'S MAIDEN NAME <b>Stella Bern Fred Hendrickson</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Hendrickson</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 none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Hendrickson</b>	ADDRESS <b>Salina Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>"Natural Causes"</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. <b>Cerebral Hemorrhage</b>		
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 <b>331X</b>	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) (Min.)	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 ~~the time of death~~ and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. J. Callahan</b>	(Degree or title) <b>3</b>	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>6-12-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>June 12, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wm. Giles Street</b>	24d. LOCATION (City, town, or county) (State) <b>St. Salina Mo.</b>
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REGISTRAR'S SIGNATURE <b>Earl Williamson</b>	REG. DIST. <b>Greene</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Wm. J. ...</b>	ADDRESS <b>Blue Salina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 20 1962

MAY 23 1955

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 Edward R. Barwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.

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