

300
FILED JUL 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23348

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>4501</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		c. LENGTH OF STAY (in this place) <u>Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		<u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u>		b. (Middle) <u>--</u>		c. (Last) <u>HENDLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1952</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>Feb. 19, 1908</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>		IF UNDER 1 WEE. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		11. BIRTHPLACE (State or foreign country) <u>Ironton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Hendley</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Howard</u>			14. NAME OF HUSBAND OR WIFE <u>Blanche Hendley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes. War II</u>		16. SOCIAL SECURITY <u>497-05-1140</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Hendley, Bloomfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER - LUNG</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				UNKNOWN	
		DUE TO (b) <u>CANCER - LIVER</u>					
		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"/>	
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)		<u>1561</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>MAY 2, 1952</u> to <u>6-29, 1952</u> , that I last saw the deceased alive on <u>6-27, 1952</u> , and that death occurred at <u>12:00 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Deduce or Print) <u>[Signature]</u>				23b. ADDRESS <u>Bloomfield</u>		23c. DATE SIGNED <u>7-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 4-1952</u>		REGISTRAR'S SIGNATURE <u>Rose Wehner</u>		355		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO., Bloomfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1932

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, & by Lulu
Cooper # 3499

working under my personal supervision.

Student Embalmer No.....

Signed John C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.