

STANDARD CERTIFICATE OF DEATH

State File No. 23822

FILED JUL 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5170 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		b. COUNTY <u>Callaway</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 4 Fulton Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 4 Fulton Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>	b. (Middle) <u>Hugh</u>	c. (Last) <u>Hendricks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1952</u>
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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>June 22, 1863</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Beardstown Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Hendricks</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Herron</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Belle Hendricks</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>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Belle Hendricks</u>	ADDRESS <u>Fulton Mo Rt. 4</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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 <u>331 X</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 31, 1952 to July 15, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 12:25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Mies Rusk M.D.</u> (Degree or title)	23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>July 16-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Millers Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Millersburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 19-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Funnell</u>	ADDRESS <u>Home Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*E. W. Rosson*

Licensed Embalmer No. *2555*

P. O. Address *Hullon 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.