

AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28083  
State File No. \_\_\_\_\_  
Registrar's No. 3738

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 3ma</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COULTERVILLE 8120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>130 EAST LINWOOD BLVD.</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
3. NAME OF DECEASED a. (First) <b>SPENCER</b> b. (Middle) <b>ETTA</b> c. (Last) <b>HENDRICKSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST-18-1952</b>	
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>SEPT-22-1876</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JACKSON COUNTY MISSOURI</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>RICHARD C. TOLLEY</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA JANE FIELDS</b>	14. NAME OF HUSBAND OR WIFE <b>DR. G. E. HENDRICKSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DR. G. E. HENDRICKSON</b> ADDRESS <b>130 E. LINWOOD KANSAS CITY MO</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchiectasis</b>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2 hrs</b>	
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)	
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? _____	
22. I hereby certify that I attended the deceased from <b>June 17, 1948</b> , to <b>Aug 18, 1952</b> , that I last saw the deceased alive on <b>Aug 17, 1952</b> , and that death occurred at <b>1:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>William F. Sanders</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1103 Grand, K.C. Mo</b>	23c. DATE SIGNED <b>Aug. 18, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG-22-1952</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>FOREST HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>8-22-52</b>	REGISTRAR'S SIGNATURE <b>Teraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O.N. Newcomin Sons</b> ADDRESS <b>1331-BRUSH CREEK KANSAS CITY, MO.</b>	

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

028 Unprofessional act.

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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 Basil V. Honey

Licensed Embalmer No. #7214

P. O. Address Jacksonland, 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.