

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 991-B

38395

FILED NOV 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2800 Registrar's No. 991-B

1396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Springfield</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Springfield</u>  |  |
| c. LENGTH OF STAY (in this place)<br><u>33 year</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>817 S. Grant Avenue</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>817 S. Grant Avenue</u>                         |  |   |  |

|  |                                 |                               |                        |                   |                       |
|--|---------------------------------|-------------------------------|------------------------|-------------------|-----------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                                 |                               | 4. DATE OF DEATH       |                   |                       |
| a. (First)<br><u>MARY</u>              | b. (Middle)<br><u>ELIZABETH</u> | c. (Last)<br><u>HENDERSON</u> | (Month)<br><u>Nov.</u> | (Day)<br><u>5</u> | (Year)<br><u>1952</u> |

|                         |                                  |  |   |  |   |   |   |
|-------------------------|----------------------------------|--|---|--|---|---|---|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH<br><u>9 Sept. 1876</u> | 9. AGE (In years last birthday)<br><u>76</u> | 10. UNDER 1 YEAR<br>Months<br><u>76</u> | 11. UNDER 122 HRS.<br>Days<br><u>76</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|-------------------------|----------------------------------|--|---|--|---|---|---|

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|---|--|--|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>home</u> |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Lowery City, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |
|---|--|--|--|--|--|---|--|

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|---|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><u>David Walker</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Frances Kelderman</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>William Kyle Henderson</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)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>none</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Ray Fraker, 817 S. Grant Avenue, Springfield, Missouri</u> |  |  |  |
|---|--|--|--|---|--|--|--|

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|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Atherosclerosis</u> |  |  |  |                                  |  |
|  |  | DUE TO (c)   |  |  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  |                                  |  |

|                        |  |   |  |  |  |  |  |
|------------------------|--|---|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u> |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |  |
|--|--|--|--|---|--|

|   |  |  |  |  |                            |  |  |
|---|--|--|--|--|----------------------------|--|--|
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Dead on arrival, and that death occurred at 7:15A m., from the causes and on the date stated above.

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|---|--|---|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>L.M. Reisinger, M.D.</u> |  | 23b. ADDRESS<br><u>331 St. Louis, Springfield, Mo</u> |  | 23c. DATE SIGNED<br><u>11/6/52</u> |  |
|---|--|---|--|------------------------------------|--|

|  |  |                                 |  |   |  |   |  |
|--|--|---------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>7 Nov. 1952</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Osceola Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Osceola, Missouri</u> |  |
|--|--|---------------------------------|--|---|--|---|--|

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|---|--|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><u>11-10-52</u> |  | REGISTRAR'S SIGNATURE<br><u>Frank Williamson</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Paul C. Thieme, Springfield, Missouri</u> |  |  |  |
|---|--|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.