

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38715
5258

State File No.

FILED DEC 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3A28</u>		d. STREET ADDRESS (If rural, give location) <u>4817 Mercer Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Madge</u> b. (Middle) <u>BERNICE</u> c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1952</u>				
5. SEX <u>FEMALE</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>FEB. 1901</u>	
9. AGE (In years last birthday) <u>51</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMPTOMETER OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. P. R. R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Urish. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Ellis HENDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pitterling</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
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>443-08-7006</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lula Hays</u> ADDRESS <u>5751 Bales</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Diverticulosis</u> DUE TO (c) <u>--</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>57 1/2</u>
19a. DATE OF OPERATION <u>11-15-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated Diverticula Sigmoid with abscess</u>					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)		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>11-14, 1952</u> to <u>11-30, 1952</u> , that I last saw the deceased alive on <u>11-30, 1952</u> , and that death occurred at <u>9:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Parsons</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>1531 Broadway Kansas City MO</u>		23c. DATE SIGNED <u>12-1-52</u>		
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>--</u>		24d. LOCATION (City, town, or county) (State) <u>URISH MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-2-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dw Newman - 1531 Broadway Kansas City MO</u>			

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

12-4:50

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 _____

Chester Brown

Student Embalmer No. 476

working under my personal supervision.

Student *Chester Brown*
Student Embalmer

Signed *Edward M. Starn*

Licensed Embalmer No. 4452

P. O. Address K, C, 4 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.