S. No. 300
v. 10.48

1003

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

FILED DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41246

BIRTH NO. 70 287 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 223

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 14 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie 0670
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Terry
b. (Middle): Lee
c. (Last): Hendrix

4. DATE OF DEATH (Month) (Day) (Year): 11-19-1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby D
8. DATE OF BIRTH: 9-30-1952
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months: 1 Days: 21
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: Baby
11. BIRTHPLACE (State or foreign country): East Prairie, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ross Hendrix
13b. MOTHER'S MAIDEN NAME: Edna Lyn Hart
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ross Hendrix
ADDRESS: East Prairie Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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
491 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/19, 1952, *to* 11/19, 1952, *that I last saw the deceased alive on* 11/19, 1952, *and that death occurred at* 3:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. C. Critchlow (Degree or title) M.D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: Nov. 29, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Dogwood
24d. LOCATION (City, town, or county) (State): Miss. Co., Mo

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429-D
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Marvin Shelby East Prairie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 1 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1952-328

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 not embalmed.
working under my personal supervision.

Student Embalmer No.....

Signed Travis Shelby

Signed.....
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.