

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42695**

FILED DEC 18 1952

BIRTH NO.

REG. DIST. NO. **170**PRIMARY REG. DIST. NO. **3033**Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>		0-32		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>223 Grand</b>				
3. NAME OF DECEASED a. (First) <b>George</b> (Type or Print)			b. (Middle) <b>L</b>	c. (Last) <b>Hendrix</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/11/1880</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Highway Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ashland, Nebr.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Charles Hendrix</b>			13b. MOTHER'S MAIDEN NAME <b>Mary L. Larue</b>		14. NAME OF HUSBAND OR WIFE <b>Sylvia Hendrix</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. L. Hendrix, Lebanon, Mo.</b>					ADDRESS
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>Arteriosclerotic heart dis</b>  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.					INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4200</b>					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 <b>Sept, 1952</b> to <b>Dec 8, 1952</b> , that I last saw the deceased alive on <b>Dec 8, 1952</b> , and that death occurred at <b>1:20 P.</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>B. B. Hurst, M.D.</b>				23b. ADDRESS <b>2115 Commercial Lebanon, Mo</b>		23c. DATE SIGNED <b>12-9-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/10/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Lebanon, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>12-12-1952</b>	REGISTRAR'S SIGNATURE <b>Hella L. May</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lebanon Lebanon Mo.</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 1952

Health Unit  
12-52-180  
1952

DEC 29 1952

**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 S. R. Palmer

Licensed Embalmer No. 3208

P. O. Address Libanon, 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.