

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44528

5663

FILED JAN 17 1953		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5663	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <i>Jackson</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas city</i>		c. LENGTH OF STAY (in this place) <i>2 weeks</i>		a. STATE <i>Missouri</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas city</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas city, Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>8200 Holmes St</i>		b. COUNTY <i>Jackson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>8200 Holmes St</i>				d. STREET ADDRESS (If rural, give location) <i>8200 Holmes St</i>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <i>Mr James Moore</i>			b. (Middle) <i>Hendrickson</i>			c. (Last) <i>Hendrickson</i>	
(Type or Print)			4. DATE OF DEATH <i>12-24-1952</i>			5. SEX <i>male</i>	
6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>October 11 1877</i>		9. AGE (In years last birthday) (If under 1 year: Months Days Hours Min.) <i>75</i>	
10a. USUAL OCCUPATION (Give kind of work (If doing most of working life, give if retired)) <i>Retired Railroad Fireman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Fireman</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Tazewell Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>J H Hendrickson</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Lela Lee Hendrickson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes Spanish American</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mildred Murphy 8200 Holmes</i>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aortic Valvular Failure</i>				25 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Cardiac Enlargement</i>					
		DUE TO (c) <i>Arteriosclerosis Hypertension</i>					
		II. OTHER SIGNIFICANT CONDITIONS:				4437	
		Conditions contributing to the death but not related to the disease or condition causing death.					
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 <i>Dec 18, 1952</i> to <i>Dec 22, 1952</i> , that I last saw the deceased alive on <i>Dec 22, 1952</i> , and that death occurred at <i>9:45 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>M. Pyle D.O. C.M. Pyle</i>				23b. ADDRESS <i>3915 Main</i>		23c. DATE SIGNED <i>12/24/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-26-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>-</i>		24d. LOCATION (City, town, or county) (State) <i>Bluefield Virginia</i>	
DATE REC'D BY LOCAL REG. <i>12-26-52</i>		REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>France-Wornall Funeral Home</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 7th

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.