

FILED FEB 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6683**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conway</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>no. Street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Isaac</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Hendrix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 5 1881</u>
9. AGE (In years, last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Foreman Rail Road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Webster Co. Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Hendrix</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Price</u>	14. NAME OF HUSBAND OR WIFE <u>Whilma Hendrix</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Whilma Hendrix Conway, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke of brain</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Previous Attack</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>			
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 <u>1-30-1953</u> , to <u>1-31-1953</u> that I last saw the deceased alive on <u>1-30-1953</u> and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. F. Rudolph MD.</u> (Degree or title)		23b. ADDRESS <u>Conway Mo.</u>	23c. DATE SIGNED <u>2-7-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery near Conway, Mo.</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>2-8-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	4247	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Holman Lebanon, Mo.</u>

0530

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

FEB 14 1953

Received

Wade County Health Unit

No. 2-52-27

Date Filed

FEB 18 1953

FEB 18 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Dorsey M. Howe

Signed.....

Student Embalmer

Licensed Embalmer No. 4222

P. O. Address *Lebanon, 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.