

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6955**

FILED FEB 20 1953

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **21**

07320

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hosp		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Joel	b. (Middle) Andrew	c. (Last) Hendon	4. DATE OF DEATH (Month) (Day) (Year) Febr. 11 1953
---	---------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 17 1863	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 89 11 24
--------------------	-------------------------------	---	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME Asa Hendon	13b. MOTHER'S MAIDEN NAME Margaret Chitwood	14. NAME OF HUSBAND OR WIFE Rebecca Hendon (Deceased)
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Bessie Branham	ADDRESS Neosho, Mo.
---	-------------------------------------	---	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Left Kidney - Epithelial		
	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.			180X

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 <input type="checkbox"/> 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 **June 7, 1953**, to **Feb 11, 1953**, that I last saw the deceased alive on **Feb 11, 1953**, and that death occurred at **6:28 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin C. Bowman	23b. ADDRESS Neosho Mo	23c. DATE SIGNED Feb 16-1953
--	-------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Febr. 13 53	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cem.	24d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo.
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 2-16-53	REGISTRAR'S SIGNATURE Melvin C. Bowman MDW	25. FUNERAL DIRECTOR'S SIGNATURE Marion Pope Wheaton, Mo.	ADDRESS
---	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. **NEWTON COUNTY HEALTH UNIT**
District Embalmer No. **0753-49**
Date Filed **FEB 19 1953**

NEOSHO, MISSOURI

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 W. Marie Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.