

## STANDARD CERTIFICATE OF DEATH

State File No. 8413

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 30 74		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston			c. LENGTH OF STAY (In this place) 6 1/2 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid 072.1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) James		c. (Last) Henderson		4. DATE OF DEATH (Month) (Day) (Year) 2-25-1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-13-85	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner			10b. KIND OF BUSINESS OR INDUSTRY Pensioner			11. BIRTHPLACE (State or foreign country) New Madrid, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Shade Henderson		13b. MOTHER'S MAIDEN NAME Ida Neil		14. NAME OF HUSBAND OR WIFE Rachel Shy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-14-3644		17. INFORMANT'S SIGNATURE OR NAME Broughton Henderson, New Madrid			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Occlusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 6 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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) Sikeston SCOTT Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 25 JAN, 1953, to Feb 25, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 4:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Andrew B. Smith M.D.				23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 26 Feb 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/1/53		24c. NAME OF CEMETERY OR CREMATORY Evergreen		24d. LOCATION (City, town, or county) (State) New Madrid Mo.	
DATE REC'D BY LOCAL REG. 3-2-53		REGISTRAR'S SIGNATURE Mrs. Edna Harris 429		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Undertakers, New Madrid.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 9 1953  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 253-63

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.....  
Student Embalmer

Signed L. H. Hidy-uptk

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.