

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16874**

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. **365** PRIMARY REG. DIST. NO. **6238** Registrar's No. **4**

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| 1. PLACE OF DEATH a. COUNTY Washington | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri Washington COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belgrade | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belgrade | |
| c. LENGTH OF STAY (In this place) life | | 1100 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0 | |

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|-------------------------------------|-------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JOSIE | b. (Middle) RELFE | c. (Last) HENDERSON | 4. DATE OF DEATH (Month) (Day) (Year) April 20 1953 |
|-------------------------------------|-------------------------|--------------------------|----------------------------|--|

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|-------------------|-------------------------------|---|--------------------------------------|---|---|-----------------------------------|
| 5. SEX fem | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH March 2 1875 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR (Months) (Days) 1 18 | IF UNDER 100 Hrs. (Hours) (Mins.) |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Belgrade Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Linn Relfe | 13b. MOTHER'S MAIDEN NAME Ellen Bryan | 14. NAME OF HUSBAND OR WIFE Thomas B. Henderson |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Linn Henderson | ADDRESS 1262 N Shiawassee Gwossee Mich |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **5:00P**, 19**53**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|-----------------------------------|-------------------------------|----------------------------|---------------------------------|
| 23a. SIGNATURE [Signature] | (Degree or title) M.D. | 23b. ADDRESS Poland | 23c. DATE SIGNED 4/23/53 |
|-----------------------------------|-------------------------------|----------------------------|---------------------------------|

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|---|--------------------------|---|---|
| 24a. BURIAL-CREMATATION REMOVAL (Specify) burial | 24b. DATE 4-22-53 | 24c. NAME OF CEMETERY OR CREMATORY Sunlight Cemetery | 24d. LOCATION (City, town, or county) (State) Belgrade Missouri. |
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|--|---|-----|--|----------------------------|
| DATE REC'D BY LOCAL REG. May 1-53 | REGISTRAR'S SIGNATURE ella white | 336 | 25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home | ADDRESS Trouton Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

MAY 6 1932

WASH. COUNTY HEALTH DEPT.

File No. 55A-532

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 Alice J. White

Licensed Embalmer No. 3012

P. O. Address Empton, N.C.

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.