

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17761

FILED MAY 25 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5465 Registrar's No. 479

1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>0390</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>0390</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural, North Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, N. Campbell Twsp.</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>10</u> years		d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield R.F.D. # 4</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>Y.</u>	c. (Last) <u>HENDRICKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1953</u>
-----------------------------------------------	------------------------	-----------------------	----------------------------	------------------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>11 Feb. 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------------------	-----------------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------	--------------------------------------------------	---------------------------------------------------	----------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------------------

13a. FATHER'S NAME <u>W.H. Ertin</u>	13b. MOTHER'S MAIDEN NAME <u>Armanda Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Ott Hendricks</u>
------------------------------------------------	-----------------------------------------------------------	------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	16. SOCIAL SECURITY NO. <u>----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Duncan, Rt. 4, Springfield,</u>	ADDRESS
---------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	------------------------------------------------------------------------------------------	----------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, cerebral</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	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) _____ 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 5, 16, 1953, to 5, 19, 1953, that I last saw the deceased (alive on) 5, 16, 1953, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>5, 19, 53</u>
---------------------------------------------	-------------------	-----------------------------------------------------	---------------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>21 May 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilliad Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk County, Missouri</u>
-------------------------------------------------------------------	----------------------------------------	--------------------------------------------------------------------------	--------------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>5/21/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Springfield, Missouri</u>
---------------------------------------------------	----------------------------------------------------	---------------------------------------------------------------	------------------------------------------------

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

Thieme Mortuary
1200 Boonville
Springfield, Mo.

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 _____

Ralph H. Thieme

Licensed Embalmer No. 3581

P. O. Address Springfield, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.