

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18615**

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>302</u>			
1. PLACE OF DEATH a. COUNTY <u>hinn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner MO 0210</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>				3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>B.</u> c. (Last) <u>Henderson</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			
8. DATE OF BIRTH <u>Oct 16 1890</u>		9. AGE (In years last birthday) Months Days <u>62 7 17</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>Troy Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Geo. B. Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Mae McKittick</u>			
14. NAME OF HUSBAND OR WIFE <u>Sue Henderson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Sue Henderson Sumner Mo</u>			
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 <u>30 minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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 _____, 19____, to <u>June 3</u> , 1953, that I last saw the deceased alive on <u>June 3</u> , 1953, and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J.M. Lammendonk</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>6-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Side</u>		24d. LOCATION (City, town, or county) (State) <u>Sumner Mo</u>			
DATE RECD BY LOCAL REG. <u>6/5/53</u>		REGISTRAR'S SIGNATURE <u>Madeline Standach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. L. Lipson Newton Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 6 1 1953

APR 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed S. L. Leonard

Licensed Embalmer No. 3970

P. O. Address Mendon Ma

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.