S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21236

BIRTH NO. FILED JUL 11 1953 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bourbois Twp.
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Red Bird, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belgrade 1100 1
d. STREET ADDRESS (If rural, give location): **

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Vivian
c. (Last): Henderson

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1953

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH: Aug. 18, 1873
9. AGE (In years last birthday): 79 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Goodland, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas H. Henderson
13b. MOTHER'S MAIDEN NAME: Sarah Jane Adams
14. NAME OF HUSBAND OR WIFE: **

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Theresa Henderson
ADDRESS: Belgrade, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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. Fractured right hip June 18 '53

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 491 X F
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 7, 1953 *to* July 7, 1953 *that I last saw the deceased alive on* July 7, 1953 *and that death occurred at* 1:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE C. V. Hamnder, M.D. (Degree or title)
23b. ADDRESS: St. James, Mo.
23c. DATE SIGNED: 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunlight Cemetery
24d. LOCATION (City, town, or county) (State): near Belgrade, Mo.

DATE REC'D BY LOCAL REG.: July 9, 1953
REGISTRAR'S SIGNATURE: Mrs. Marion Appmeyer 493-0
25. FUNERAL DIRECTOR'S SIGNATURE: Milford H. H. Winter
ADDRESS: OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.