

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23710

State File No. _____

FILED JUL 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6236 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belgrade</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belgrade</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>HENDERSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>June 3 1953</u>

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 21 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-------------------	-------------------------------	--	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iron County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Thomas Henderson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Adams</u>	14. NAME OF HUSBAND OR WIFE <u>##</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>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Theresa Henderson</u> ADDRESS <u>Belgrade</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>Mo. Few 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 no medication, 1953, that I last saw the deceased alive on June, 1953 and that death occurred at 7:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Plummer M.D.</u> (Degree or title)	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>6-5-53</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REBURY (Specify) <u>Burial</u>	24b. DATE <u>6-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunlight Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belgrade Mo.</u>
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-20-53</u>	REGISTRAR'S SIGNATURE <u>Ella S. White</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Ironton Mo.</u>
---	--	---

6-20-53 336-0 (Licensed Embalmer's Statement on Reverse Side) Annel F. White

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

100

STATE BOARD OF HEALTH DEPT. OF HEALTH
FILE NO. 65-8-550

RECEIVED

SEP 22 1958

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Imperial P.O.

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.