

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35420

State File No.

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bunceton</u>		c. CITY OR TOWN <u>Bunceton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>No street numbers</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>		f. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street numbers</u>			

3. NAME OF DECEASED (Type or Print) <u>Bennetta BIRDIE- Henderson</u>			4. DATE OF DEATH <u>Oct. 29, 1953</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>JAN. 3, 1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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 (City and State or Foreign Country) <u>COOPER-COUNTY-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>NELSON-CRUMP</u>		13b. MOTHER'S MAIDEN NAME <u>MALISA-STINSON</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES HENDERSON</u>	
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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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PEARL HENDERSON-Bunceton</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac deficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 _____, 19____, to 10/29, 1953, that I last saw the deceased alive on 10/29, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. F. Potts M.D.</u> (Degree or title)		23b. ADDRESS <u>Tipton, Mo</u>		23c. DATE SIGNED <u>10/31/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunceton</u>	24d. LOCATION (City, town, or county) (State) <u>Bunceton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 2 - 1953</u>	REGISTRAR'S SIGNATURE <u>Hellie Hullett</u>	73	25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>	ADDRESS <u>Tipton, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *James E. Richard*
Licensed Embalmer No. *2466*
P. O. Address *Tipton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.