S. No. 300
v. 10.48

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39707

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5745 Registrar's No. 56

0620 3

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Central Township
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 mi. So. of Fredericktown on Highway 67

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural ~~Buckhorn~~ Township Big Creek 0620 0
d. STREET ADDRESS (If rural, give location): Buckhorn Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Allen
c. (Last): Hendee

4. DATE OF DEATH (Month) (Day) (Year): Nov. 14, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 15, 1902
9. AGE (In years last birthday): 51 — If under 1 year: Months 1, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel W. Hendee
13b. MOTHER'S MAIDEN NAME: Sarah Sell
14. NAME OF HUSBAND OR WIFE: None

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.: 512-01-9974
17. INFORMANT'S SIGNATURE OR NAME: Walter L. Hendee — ADDRESS: Muncie, Kansas

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) CORONERS JURY VERDICT: UNAVOIDABLE Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CRUSHED HEAD, BROKEN LEFT SHOULDER & HAND — IMMEDIATE
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 ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 67
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 062 (STATE): CENTRAL TOWNSHIP MADISON MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14, 1953 4:20 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: TRUCK COLLISION

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sam Najim Jr. Coroner Madison Co. Mo.
23b. ADDRESS: Fredericktown, Mo.
23c. DATE SIGNED: 11-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/17/53
24c. NAME OF CEMETERY OR CREMATORY: Marcus Memorial Cem.
24d. LOCATION (City, town, or county) (State): Madison County, Mo.

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: Florence Dickey
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Najim Funeral Home Fredericktown Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
NOV 21 1953
RECEIVED
FILE No. 123-56

DEC 2 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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.