

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1352**  
Registrar's No. **221**

FILED FEB 4 1954 BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 wk</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Lees Summit (Rural)</b>		d. STREET ADDRESS (If rural, give location) <b>1218 Cliff Drive - Lakehotandra</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hosp. KCMO</b>			d. STREET ADDRESS (If rural, give location) <b>1218 Cliff Drive - Lakehotandra</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mr. Wilmer Thomas Henderson</b> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 30, 1893</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sindair Oil Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Kirkwood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Edwin Henderson</b>		13b. MOTHER'S MAIDEN NAME <b>Emma L. Wood</b>		14. NAME OF HUSBAND OR WIFE <b>Glenna Marie HENDERSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 1st world war</b>		16. SOCIAL SECURITY NO. <b>490-09-0144</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>T. F. Henderson - Lees Summit</b>	

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) <b>Rupture of heart</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary occlusion</b>  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.		INTERVAL BETWEEN ONSET AND DEATH <b>7 da</b>  <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. *AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 **1-8, 1954**, to **1-14, 1954**, that I last saw the deceased alive on **1-14, 1954**, and that death occurred at **2: P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. B. Knight</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Lees Summit Mo</b>		23c. DATE SIGNED <b>1-15-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 16, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>	
24d. LOCATION (City, town, or county) (State) <b>HC, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ott &amp; Mitchell Indep. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-15-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ott &amp; Mitchell Indep. Mo.</b>	

1924

**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 Henry J. Mitchell

Licensed Embalmer No. 3725-

P. O. Address Independence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.