.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4178

State File No. .....

BIRTH NO. FILED FEB 28 1954 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCredie Twp. 0140
d. STREET ADDRESS (If rural, give location): R.F.D. 1 McCredie Mo

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

4. DATE OF DEATH (Month) (Day) (Year): Feb 16 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 19, 1893
9. AGE (In years last birthday): 61 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Miles Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert C Crawford
13b. MOTHER'S MAIDEN NAME: Ida Mae Small
14. NAME OF HUSBAND OR WIFE: John L. Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: James C. Henderson — ADDRESS: McCredie 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): Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Strangulated Umbilical Hernia — 3 days
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: 5602
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* Feb 15, 1954, *to* Feb 16, 1954, *that I last saw the deceased alive on* Feb 16, 1954, *and that death occurred at* 11:22 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. H. Domann DO
23b. ADDRESS: Claryvasse Mo.
23c. DATE SIGNED: 2-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 19/54
24c. NAME OF CEMETERY OR CREMATORY: McCredie
24d. LOCATION (City, town, or county) (State): McCredie Mo

DATE REC'D BY LOCAL REG.: Feb 20-1954
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE: Maupin F. H. — ADDRESS: Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 [signature]

Licensed Embalmer No. 3722

P. O. Address Fulton 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.