

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4335

State File No.

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Concord YAMA	c. LENGTH OF STAY (in this place) 14 WK.	c. CITY OR TOWN LATHROP	d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LEWIS NURSING HOME		e. STREET ADDRESS (If rural, give location) 0250	

3. NAME OF DECEASED (Type or Print) a. (First) NOAH	b. (Middle) L.	c. (Last) HENDERSON	4. DATE OF DEATH (Month) (Day) (Year) Feb-20-1954
--	--------------------------	-------------------------------	---

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH OCT-18-1887	9. AGE (In years) last birthday 66	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours 2	Min.
-----------------------	----------------------------------	--	--	--	---------------------------------------	---------------------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking	10b. KIND OF BUSINESS OR INDUSTRY Gravel & Lime	11. BIRTHPLACE (City and State or Foreign Country) Clinton County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	---

13a. FATHER'S NAME George Henderson	13b. MOTHER'S MAIDEN NAME Susan Deaton	14. NAME OF HUSBAND OR WIFE Zellie Turner Henderson
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) yes World War I	16. SOCIAL SECURITY NO. 489-30-3450	17. INFORMANT'S SIGNATURE OR NAME Mrs. Noah Henderson Lathrop, Mo.	ADDRESS 332X
---	---	--	------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 332X		INTERVAL BETWEEN ONSET AND DEATH 6 Mo
--	---	--	---

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) (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 **Nov 10, 1953**, to **Feb-20, 1954**, that I last saw the deceased alive on **Nov 19, 1954**, and that death occurred at **825 Av.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Shalinski M.D.	(Degree or title)	23b. ADDRESS Lathrop Mo.	23c. DATE SIGNED Feb 20 54
---	-------------------	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-54	24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery	24d. LOCATION (City, town, or county) (State) Lathrop Mo.
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. Feb. 26-54	REGISTRAR'S SIGNATURE Elizabeth A. ...	25. FUNERAL DIRECTOR'S SIGNATURE De Moss Creek ...	ADDRESS Mo.
---	--	--	-----------------------

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

S. No. 300
v. 10.48
02500

MAR

MAR 5 1954

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 *Harold P Walker*

Licensed Embalmer No. *458*

P. O. Address *Lathrop*

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.