

STANDARD CERTIFICATE OF DEATH

State File No. **5714**

BIRTH **0821** **0** **MAR 11 1954** REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3054** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana 0821	
c. LENGTH OF STAY (In this place) 11 months		d. STREET ADDRESS (If rural, give location) 412 North 6th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MARZIE	b. (Middle) POOL	c. (Last) HENDERSON	4. DATE OF DEATH (Month) (Day) (Year) MARCH 6, 1954
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 6 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Pike Co., Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John W. Henderson	13b. MOTHER'S MAIDEN NAME Mary Travis	14. NAME OF HUSBAND OR WIFE Maggie Henderson
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marzie Henderson, Louisiana, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephrositis with DUE TO (c) Chr. A.V. Heart Block.		1 yr.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Cardiac Hypertrophy.			4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Mitral Valve Insufficiency	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (Min.)	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 **April 1953**, to **March 6, 1954**, that I last saw the deceased alive on **3-6-54**, and that death occurred at **2:25 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. Audrae M.D.	23b. ADDRESS Louisiana Mo.	23c. DATE SIGNED 3-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/54	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REG. Mar 8, 1954	REGISTRAR'S SIGNATURE Bernese Collier 374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sterne Funeral Home, Louisiana, Mo.
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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 Virginia M. Stern

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.