

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9677**

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY OR TOWN <b>Waynesville, Mo</b>	c. LENGTH OF STAY (In this place) <b>6 hrs</b>	c. CITY OR TOWN <b>Crocker, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville General Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Robert</b> c. (Last) <b>Henderson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1954</b>
---	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 7, 1926</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Crocker, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Charles M. Henderson</b>	13b. MOTHER'S MAIDEN NAME <b>Helen M. Smith</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Henderson Crocker, Mo</b>	ADDRESS
--	--	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Concussion of brain</b>		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <b>Skull fracture</b> DUE TO (c) <b>Automobile accident</b>		
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 <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) <b>085</b>
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 **March 13, 1954** to **March 14, 1954**, that I last saw the deceased alive on **March 14, 1954** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R.O. Stewart M.D.</b>	23b. ADDRESS <b>Waynesville, Missouri</b>	23c. DATE SIGNED <b>3-15-54</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemetery Crocker, Missouri</b>	24d. LOCATION (City, town, or county) (State)
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>3-15-54</b>	REGISTRAR'S SIGNATURE <b>Paula Ann Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Billy G. Hedow</b>	ADDRESS <b>Hedow Funeral Home Crocker, Mo</b>
---	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

850

Date Filed 3-28-54  
File Number \_\_\_\_\_

Pulaski County Health Officer \_\_\_\_\_

RECEIVED 3-15-54

MAR 24 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 .....  
Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.