

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11487**

FILED MAY 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 17

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

1. PLACE OF DEATH a. COUNTY <b>CEDAR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CEDAR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EL DORADO SPFS</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EL DORADO SPFS</b>	020/
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>		d. STREET ADDRESS (If rural, give location) <b>309 <del>W. PATTERICK</del> S. GRAND AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>D.</b> c. (Last) <b>HENDRIX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 27, 1954</b>		
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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>MAY 10, 1862</b>	9. AGE (In years last birthday) <b>91</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED STONE MASON</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NO</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>J. O. Hendrix</b>	13b. MOTHER'S MAIDEN NAME <b>Angeline Mills</b>	14. NAME OF HUSBAND OR WIFE <b>ELIZA HENDRIX</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELIZA HENDRIX</b>	ADDRESS <b>SAME</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial nephritis</b>		<b>1 year</b>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 4-12, 1954, to 4-27, 1954; that I last saw the deceased alive on 4-26, 1954, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. A. Sunderwirth D.D.</b>	23b. ADDRESS <b>El Dorado Spgs. Mo</b>	23c. DATE SIGNED <b>4/29/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4/29/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>	24d. LOCATION (City, town, or county) (State) <b>EL DORADO SPFS MO</b>
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DATE REC'D BY LOCAL REG. <b>4/29/54</b>	REGISTRAR'S SIGNATURE <b>George M. Moyer 418-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moyer Funeral Home</b>	ADDRESS <b>El Dorado Spgs. MO</b>
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5-1-54 *C. A. Sunderwirth, Deputy* (Embalmer's Statement on Reverse Side)

**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 *Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *El Dorado Springs*

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.