

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16528**

BIRTH NO. _____		REG. DIST. NO. 178	PRIMARY REG. DIST. NO. 4286	Registrar's No. 44
1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Grange Union		c. LENGTH OF STAY (in this place) 6 mos.	c. CITY OR TOWN Monticello	
d. FULL NAME OF HOSPITAL OR INSTITUTION Schneider Rest Home		d. Residences within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
e. STREET ADDRESS (If rural, give location) None		0560		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) - c. (Last) Hendricks			4. DATE OF DEATH (Month) (Day) (Year) May 11, 1954	
5. SEX Female	6. COLOR (OR RACE) Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) Widowed	8. DATE OF BIRTH Oct. 18, 1873	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Monticello, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jacob Selby		
13b. MOTHER'S MAIDEN NAME Rachel Brown		14. NAME OF HUSBAND/OR WIFE James Hendricks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dorothy Hawkins, Canton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) URAEEMIA		INTERVAL BETWEEN ONSET AND DEATH WEEK
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC NEPHRITIS		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		592 X
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) m.		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 4/5 , 19 54 , to 5/11 , 19 54 ; that I last saw the deceased alive on 5/11 , 19 54 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. F. Colley		(Degree or title) MD		23b. ADDRESS La Grange Mo
23c. DATE SIGNED 5/14/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Monticello Cemetery
		24d. LOCATION (City, town, or county) (State) Monticello, Lewis, Mo		
DATE REC'D BY LOCAL REG. 5-14-54		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		FUNERAL DIRECTOR'S SIGNATURE Paul H. Buckley, Canton, Mo.
		ADDRESS 8. 2.		

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

(Licensed 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.....
Signature of Student Embalmer

Signed *Earl H. Buckley*.....

Licensed Embalmer No. *2615*.....

P. O. Address *Centon, 7*.....

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.