

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19691**

FILED JUL 6 1954

BIRTH NO.		REG. DIST. NO. <b>212</b>	PRIMARY REG. DIST. NO. <b>3D44</b>	Registrar's No. <b>25</b>	
1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eldon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville MO</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>R.R. 2. 02601</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b> b. (Middle) <b>E</b> c. (Last) <b>HENDERSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 23-54</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>AUG 4-1869</b>	9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House W. Jr.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Russellville Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Abraham Templeton</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Casender</b>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Robert Seaman</b> ADDRESS <b>Kansas City</b>		
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) <b>Myocardial degeneration</b> ANTECEDENT CAUSES <b>Mitral valvular disease</b> Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH <b>10</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>410 X</b>			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 <input type="checkbox"/> 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 <b>5-24-1954</b> , to <b>6-23-1954</b> , that I last saw the deceased alive on <b>6-15-1954</b> , and that death occurred at <b>3 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Carl J. Buehler, M.D.</b>		(Degree or title)	23b. ADDRESS <b>Eldon Mo</b>	23c. DATE SIGNED <b>6-24-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-25-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ENLOE CEM.</b>	24d. LOCATION (City, town, or county) <b>Russellville Mo.</b>	(State)	
DATE REC'D BY LOCAL REG. <b>June 24, 1954</b>	REGISTRAR'S SIGNATURE <b>Edw. W. Walters</b>	1920	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Stephens</b> ADDRESS <b>Russellville Mo.</b>		

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

6661



1954

BY

OCT 8 1957

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 *[Handwritten Signature]*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.