

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22705

State File No. ....

No. 300

10-48

BIRTH NO. ....		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2007</u>		Registrar's No. <u>686</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>LOGAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Auburn</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>816 8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LEO</u>		b. (Middle) <u>NOBLE</u>		c. (Last) <u>LEO HENDERSON</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>16,</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>22 Sept. 1916</u>	
9. AGE (In years less birthday) <u>39</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Salesman-Rogers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bros. Silverware</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alonzo Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Cockrell</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Henderson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac insufficiency 10 hrs.</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Circulatory collapse,</u>	
DUE TO (c) <u>acute cause undetermined.</u>		II. OTHER SIGNIFICANT CONDITIONS				10 hrs	
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)		4343	
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 <u>July 15, 1954</u> to <u>July 16, 1954</u> , that I last saw the deceased alive on <u>July 16, 1954</u> , and that death occurred at <u>1:15 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Don J. Silsby MD</u> (Degree or title)				23b. ADDRESS <u>Springfield MO</u>		23c. DATE SIGNED <u>7-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-54</u>		24c. NAME OF CEMETERY OR CREMATOR <u>AUBURN, KENTUCKY</u>		24d. LOCATION (City, town, or county) (State) <u>AUBURN, KENTUCKY</u>	
DATE REC'D BY LOCAL REG. <u>7-17-54</u>		REGISTRAR'S SIGNATURE <u>Edna Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JWClingner &amp; Co.</u> ADDRESS <u>Springfield,</u>		Mo. <u>JHC</u>	

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

Don J. Silsby MD

Removal-Burial

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1954

SEP 17 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 ..... Signature of Student Embalmer

Signed *Ogle Stone Jr.*

Licensed Embalmer No. *417*

P. O. Address *Springfield*

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.