

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36649**

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 210 North C St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 North C St.		4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1954		
3. NAME OF DECEASED (Type or Print) a. (First) Dell b. (Middle) R. c. (Last) Henderson		5. SEX Male		
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		
8. DATE OF BIRTH March 9, 1899		9. AGE (In years last birthday) 55		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo. Pacific R. R.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Tom A. Henderson		
13b. MOTHER'S MAIDEN NAME Maggie Wyatt		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Carl Henderson, Poplar Bluff, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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) 4201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30A m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Ever A. Beer</i>		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED Nov 13-54
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 11-11-54		24c. NAME OF CEMETERY OR CREMATORY City Cem.
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		
DATE REC'D BY LOCAL REG. 11/14/54		REGISTRAR'S SIGNATURE <i>R. H. Mumford</i>		ADDRESS Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 22 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV. 26 1954

MAY 24 1955

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

George W. Sheer

Signed _____
Student Embalmer

Licensed Embalmer No. *2964*

P. O. Address *1214 1/2*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.