

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4556

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 170-C

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Georgia</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Campbell Townships</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>	
c. LENGTH OF STAY (in this place) <u>9-14-55</u>		d. STREET ADDRESS (If rural, give location) <u>508 Mc Daniel Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle)	c. (Last) <u>Henderson</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Feb.</u> <u>19,</u> <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 20, 1920</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Varied</u>	11. BIRTHPLACE (State or foreign country) <u>Jonesburg, Georgia</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Clarence Henderson</u>	13b. MOTHER'S MAIDEN NAME <u>Clyde---</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give year or dates of service) <u>2-16-42 to 8-10-45</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records MCFP Springfield, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs 7 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of lung, far advanced</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 9-14, 1950, to 2-19, 1955, that I last saw the deceased alive on 2-19, 1955, and that death occurred at 2:25 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Rinck</u> (Degree or title)	23b. ADDRESS <u>Medical Center for Federal Prisoners</u>	23c. DATE SIGNED <u>2-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/20/1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Atlanta, Georgia</u>
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DATE REC'D BY LOCAL REG. <u>3-1-55</u>	REGISTRAR'S SIGNATURE <u>Paul Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Clegg</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

623 West Walnut

MAR 9 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Harry Payne
Licensed Embalmer No. 4594

P. O. Address Springfield, 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.