

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10440

State File No. ....

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 565

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	
c. LENGTH OF STAY (in this place) <u>11</u> years		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Christian Old People's Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>	b. (Middle) <u>Hendershot</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3 6 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>6-17-1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired (work)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>work</u>	11. BIRTHPLACE (State or foreign country) <u>Butler, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James D. Hendershot</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Snively</u>	14. NAME OF HUSBAND OR WIFE <u>Evelyn Chilson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marilyn Spigars 6600 Washington</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		<u>15 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>?</u>
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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 July 1950, to Mar 6 1955, that I last saw the deceased alive on Mar 6, 1955, and that death occurred at 1:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Myers M.D.</u>	23b. ADDRESS <u>607 N. Grand</u>	23c. DATE SIGNED <u>3-7-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Ind.</u>
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DATE REC'D BY LOCAL REG. <u>3/7/55</u>	REGISTRAR'S SIGNATURE <u>Heber R. Amberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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81308

334X

DP Motor

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.