

No. 300  
10.48

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12676

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4924 Registrar's No. 9-55

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>MILLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tusculumbia</b>		c. LENGTH OF STAY (In this place) <b>lifetime</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tusculumbia</b>		0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Humphreys-Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Tusculumbia</b>	

3. NAME OF DECEASED (Type or Print) <b>ALDERT Theodore-Hendricks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April-23 1955</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>21 July 1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen-Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Bramley - Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>NATHANIEL-HENDRICKS</b>	13b. MOTHER'S MAIDEN NAME <b>JANE-CARDWELL</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MR. J. W. MURRAY</b>	ADDRESS <b>Tusculumbia Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b> <b>you</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis</b>		
	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 <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>	20. AUTOPSY? <b>334X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>NONE</b>
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22. I hereby certify that I attended the deceased from **Dec 1953**, to **4-23-1955**, that I last saw the deceased alive on **23 April, 1955**, and that death occurred at **7:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. C. Humphreys</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Tusculumbia - Mo</b>	23c. DATE SIGNED <b>25 April-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>25 April 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sott</b>	24d. LOCATION (City, town, or county) (State) <b>MILLER Mo</b>
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DATE REC'D BY LOCAL REG. <b>April-25-1955</b>	REGISTRAR'S SIGNATURE <b>Mrs. Richard L. Wright</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Keith McKays</b>	ADDRESS <b>ELDON Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

660  
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**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

*Keith M. Kays*

Licensed Embalmer No.

*3998*

P. O. Address

*Eldon 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.