

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12837

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 104

| | | | |
|--|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | c. LENGTH OF STAY (in this place) 29 yrs. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 400 East 16th | | e. CITY OR TOWN Sedalia | |
| | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 400 East 16th | | STREET ADDRESS (If rural, give location) 400 East 16th | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DALE | | b. (Middle) WILLIS | |
| | | c. (Last) HENDERSON | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) April 9, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 26, 1926 |
| | | 9. AGE (In years last birthday) 29 | |
| | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Highway Dept. | | 10b. KIND OF BUSINESS OR INDUSTRY Maintenance | |
| 11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Henderson | | 13b. MOTHER'S MAIDEN NAME Laura Carmichael | |
| | | 14. NAME OF HUSBAND OR WIFE Juanita Meyer Henderson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY (If you give name, number of service) 500-20-0574 | |
| | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Juanita Henderson ADDRESS Sedalia, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchomyoedema | | INTERVAL BETWEEN ONSET AND DEATH 15 mo | |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| DUE TO (b) Chronic Pulmonary | | 1 year | |
| DUE TO (c) Bronchiectasis | | 10 years | |
| II. OTHER SIGNIFICANT CONDITIONS | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. RF. | | | |
| 19a. DATE OF OPERATION 1947 | | 19b. MAJOR FINDINGS OF OPERATION Rt. Lobectomy - Bronchiectasis 520X | |
| | | 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) | |
| 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 Nov. 1953 , to 4/7, 1955 , that I last saw the deceased alive on 4/7, 1955 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Thomas J. Higgins, M.D. | | 23b. ADDRESS Sedalia, Mo. | |
| | | 23c. DATE SIGNED 4/10/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 11, 1955 | |
| | | 24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens, Sedalia, Mo. | |
| | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. 4/11/55 | | REGISTRAR'S SIGNATURE Laura Meyer Henderson ADDRESS Sedalia, Mo. | |
| | | 25. GENERAL DIRECTOR'S SIGNATURE Laura Meyer Henderson ADDRESS Sedalia, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 5 1956

MAR 23 1956

Dr Hopkin

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 *P. E. Baker*

Licensed Embalmer No. *241*

P. O. Address *Seaside*

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.