

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15001

State File No. _____

FILED JUN 6 1955

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In days) <u>1927</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Algoa Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie Jane Henderson</u>			b. (Middle) _____			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1955</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 11, 1874</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR <u>2</u> Months		IF UNDER 24 HRS. <u>16</u> Hours		IF UNDER 24 HRS. _____ Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russellville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Shikle</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Kingery</u>			14. NAME OF HUSBAND OR WIFE <u>Martin Henderson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S NAME OR NAME AND ADDRESS <u>Clifford Henderson Jefferson City, Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vasculor Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					<u>Indefinite</u>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>					
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>May 17, 1955</u> to <u>May 27, 1955</u> , that I last saw the deceased alive on <u>May 27, 1955</u> , and that death occurred at <u>3 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John D. Humber MD</u> (Degree or title)				23b. ADDRESS <u>302 Bldg.</u>		23c. DATE SIGNED <u>5.31.55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enloe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 1-55</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesch</u> ADDRESS <u>Jefferson City</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0264

0264

770

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

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.