

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18287

State File No. ....

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 502-A

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. 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 <b>2152 N. PROSPECT</b>		e. STREET ADDRESS (If rural, give location) <b>2152 N. PROSPECT</b> <span style="float: right;">0346</span>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>CLARENCE</b>	b. (Middle) <b>L.</b>	c. (Last) <b>HENDERSON</b>	(Month) <b>JUNE</b>	(Day) <b>8</b>	(Year) <b>1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 25, 1886</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>RET. ENG.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>AUGUST HENDERSON</b>	13b. MOTHER'S MAIDEN NAME <b>MARY STOLLENIVERK</b>	14. NAME OF HUSBAND OR WIFE <b>MAE HENDERSON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <b>702-07-2258</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MAE HENDERSON</b> <b>XXXXXX</b>	ADDRESS <b>SPFD., 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, asthma, 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) <b>Arteriosclerosis, Generalized</b>		
	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. <b>Cerebral Thrombosis Gangrene, rt foot</b>			

19a. DATE OF OPERATION <b>19 Feb 55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Arteriosclerotic Gangrene rt foot 4501</b>	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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 19 55, to June 8, 19 55 that I last saw the deceased alive on June 6, 1955, and that death occurred at 9:50a m., from the causes and on the date stated above.

23a. SIGNATURE <b>Alou F. Gore</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Professional Reg. - Reg. No. _____</b>	23c. DATE SIGNED <b>6-10-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 10, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>6-11-55</b>	REGISTRAR'S SIGNATURE <b>Ernest Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. W. King</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 29 1955

5558 9 8 MIN

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Max Flude*.....

Licensed Embalmer No. 40.....

P. O. Address *Bunny*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.