

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19610

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 15-8	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Pettis</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>		a. STATE <i>Mo</i>		b. COUNTY <i>Pettis</i>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Sedalia</i>		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital # 2</i>				d. STREET ADDRESS (If rural, give location) <i>200 W. Henry</i>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <i>Bessie</i>	b. (Middle) <i>Mae</i>	c. (Last) <i>Henderson</i>	(Month) <i>6</i>	(Day) <i>2</i>	(Year) <i>1955</i>	<i>Female</i>	<i>3</i>
(Type or Print)							
6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Unknown</i>		9. AGE (In years less birthday) <i>77</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Edina Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>Not Known</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Sue Baylar</i>			
(If yes, give war or dates of service)				ADDRESS <i>Sedalia Mo</i>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malnutrition</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH			
- ANTECEDENT CAUSES				DUE TO (b) <i>Senile Psychosis</i>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 year			
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? <i>304 X</i>		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 <i>April 19, 1955</i> , to <i>June 2, 1955</i> , that I last saw the deceased alive on <i>June 2, 1955</i> , and that death occurred at <i>12:30 m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>D.R. Maddox</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>116 1/2 W. Main</i>		23c. DATE SIGNED <i>June 3-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-7-1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Edina Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Edina Mo</i>	
DATE REC'D BY LOCAL REG. <i>6-20-55</i>		REGISTRAR'S SIGNATURE <i>L. Cooney Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>L. D. Ferguson</i>		ADDRESS <i>Sedalia Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. D. Engstrom

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.