

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21007

State File No. _____

FILED AUG 9 - 1955

| | | | | |
|---|---------------------------|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>13</u> | PRIMARY REG. DIST. NO. <u>3003</u> | Registrar's No. <u>95</u> |
| 1. PLACE OF DEATH a. COUNTY <u>BARRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>LAWRENCE</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>MONNETT 0</u> | | c. LENGTH OF STAY (in this place) <u>3 days</u> | c. CITY OR TOWN <u>PIERCE CITY</u> | 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 <u>ST VINCENTS HOSP.</u> | | e. STREET ADDRESS (If rural, give location) <u>Edna St.</u> | | |
| 3. NAME OF DECEASED - a. (First) <u>FRANCIS</u> | | b. (Middle) <u>PINKNEY</u> | c. (Last) <u>HENDERSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 - 1955</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>July 20 - 1864</u> | 9. AGE (In years last birthday) <u>91</u> Months <u>8</u> Days <u>8</u> Hours <u>13</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Preacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy 0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Marion Henderson</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>Martha J. H.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oliver Henderson</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Henderson</u> ADDRESS <u>Pierce City</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 hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</u> | | |
| 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT (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>7-25</u> , 19 <u>55</u> , to <u>7-28</u> , 19 <u>55</u> that I last saw the deceased alive on <u>7-28</u> , 19 <u>55</u> , and that death occurred at <u>7:21 P</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u> | | 23b. ADDRESS <u>Pierce City, Mo</u> | | 23c. DATE SIGNED <u>7-30-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-30-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Wood</u> |
| 24d. LOCATION (City, town, or county) <u>Purdy Mo</u> | | 24e. (State) _____ | | |
| DATE REC'D BY LOCAL REG. <u>8-3-55</u> | | REGISTRAR'S SIGNATURE <u>Wm P. D. Cook 513</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bros</u> ADDRESS <u>Pierce City Mo</u> |

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 855-303

DATE REC. 8-8-55

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 Edwin Wilks, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 412
P. O. Address Perce City

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.