

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25228

State File No. ....

FILED SEP 8 1955

BIRTH NO. ....		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>34 Yrs</u>		c. CITY OR TOWN <u>Monett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Central St.</u>				STREET ADDRESS (If rural, give location) <u>700 Central</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Hendricks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 2 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>Sept. 18, 1866</u>		9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Nealy Hope</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Elizabeth Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Marion Hendricks</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray N. Hendricks, Monett, 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>Myocardial degeneration &amp; Coronary fibrillation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>1 1/2</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Hard</u>					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 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>3-15-53</u> , 19 <u>53</u> to <u>9-2-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-2-55</u> , 19 <u>55</u> , and that death occurred at <u>8:30 P.M.</u> , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Franklin M. D. C.</u>				23b. ADDRESS <u>Monett Mo.</u>		23c. DATE SIGNED <u>9-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Misemer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-3-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home, Monett, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 955-323

DATE REC. 9-6-55

JUL 16 1956

JUN 26 1956

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 Roy H. Mercer

Licensed Embalmer No. 44

P. O. Address Mcneil

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.