

FILED AUG 29 1955 STANDARD CERTIFICATE OF DEATH

State File No. **25923**
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 131		PRIMARY REG. DIST. NO. 4218		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY OR TOWN Windsor		c. LENGTH OF STAY (in this place) 32 years		c. CITY OR TOWN Windsor		d. Is 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 30.5 S. Commercial				e. STREET ADDRESS (If rural, give location) 30.5 S. Commercial			
3. NAME OF DECEASED (Type or Print) ADELBERT HENDERSON			a. (First) ADELBERT b. (Middle) HENDERSON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 22, 1884	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Section Hand		10b. KIND OF BUSINESS OR INDUSTRY Rock Island Line		11. BIRTHPLACE (City and State or Foreign Country) Coal County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Henderson		13b. MOTHER'S MAIDEN NAME Sarah Crews		14. NAME OF HUSBAND OR WIFE Viola Bishop Henderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 708 14 8834		17. INFORMANT'S SIGNATURE OR NAME Viola Henderson, Windsor, Mo ADDRESS Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of Stomach Intestines 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.					
18a. DATE OF OPERATION July 1955		18b. MAJOR FINDINGS OF OPERATION Expiratory only				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) (Min)	
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 Mo , 1955, to Aug 16, 1955 that I last saw the deceased alive on Aug 16, 1955 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE T. J. Jennings (Degree or title) M.D.				23b. ADDRESS Windsor		23c. DATE SIGNED 8-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-20-55		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
DATE REC'D BY LOCAL REG. Aug 20 55		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Mo			

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1954

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 *William M. Turner*.....

Licensed Embalmer No. *46*.....

P. O. Address *Harold*.....
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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.