

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26702**  
**135**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jasper</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>North Main Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Grace</b> b. (Middle) <b>Evelyn</b> c. (Last) <b>Hendricks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct. 28, 1888</b>		9. AGE (In years last birthday) <b>66</b>		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <b>Jasper County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Reg. Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Drug</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jasper County, Mo.</b>	

13a. FATHER'S NAME <b>John Tyler Crow</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Eunice Dazey</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. V. H. Hendricks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frank Crow, Jasper, Mo.</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	ANTECEDENT CAUSES <b>Carcinoma of breast</b>		
	11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170 X</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)		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 **7/2, 1955**, to **7/31, 1955**, that I last saw the deceased alive on **7/31, 1955**, and that death occurred at **9:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Carthage, Missouri</b>		23c. DATE SIGNED <b>8/13/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Aug. 3, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Jasper, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>8-13-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>1397</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Selvey Sharp &amp; Selvey, Jasper, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 55-8-569  
Date Filed AUG 17 1955

DEC 13 1955

**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 .....  
Student Embalmer

Signed Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jeppes, Mo.

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