

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33035**

FILED NOV 15 1955

BIRTH NO. _____		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 4232		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY OR TOWN Willow Springs,		c. LENGTH OF STAY (in this place) 2 Dys.		c. CITY OR TOWN Willow Springs		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 General Hospital				e. STREET ADDRESS (If rural, give location) 700 N.Center			
3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) A. c. (Last) HENDRICKSON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 22, 1881	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Racine, Wisconsin.	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Olie Hendrickson		13b. MOTHER'S MAIDEN NAME Catherine Peterson		14. NAME OF HUSBAND OR WIFE Inga V. Hendrickson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Inga V. Hendrickson, Willow Spgs., Mo. ADDRESS			
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) Hemorrhage Cerebral INTERVAL BETWEEN ONSET AND DEATH 2 Days ANTECEDENT CAUSES: DUE TO (b) 331x 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? 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 10-17-55 to 11-7-55 , 19____, that I last saw the deceased alive on 11-7-55 , 19____, and that death occurred at 4:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE M.B. Perkins (Degree or title) M.D.				23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 7-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-9-55		24c. NAME OF CEMETERY OR CREMATORY Nease		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
DATE REC'D BY LOCAL REG. 11/12/55		REGISTRAR'S SIGNATURE Maribelle Beckel 387-1		25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home, Willow Spgs., Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No...4615

P. O. Address...Willow Spr

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.