

FILED NOV 30 1955

STANDARD CERTIFICATE OF DEATH

State File No. 37805

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY. <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richland, Missouri</b>		c. CITY OR TOWN <b>Richland, Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life.</b>		e. STREET ADDRESS (If rural, give location) <b>None.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b>	b. (Middle) <b>None</b>	c. (Last) <b>Hendricks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 14, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Hardware Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and State or Foreign Country) <b>Richland, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Berry Hendricks</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie O'Halloran</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Grabner</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jessie Hendricks Richland, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular fibrillation</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

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 **Sept**, 1955, to **Nov.**, 1955, that I last saw the deceased alive on **Nov 12**, 1955, and that death occurred at **1:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. J. Roberts MD</b>	23b. ADDRESS <b>Richland, Missouri</b>	23c. DATE SIGNED <b>11/22/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/25/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery Richland, Mo</b>	24d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-25-55</b>	REGISTRAR'S SIGNATURE <b>Paul Spaul Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Home Richland, Mo</b>	

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

Date Filed 11-26-55  
File Number 11-26-55

Butaska County Health Officer

RECEIVED  
11-25-55

DEC 3 1955

MAR 27 1957

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 Clarence Inose

Licensed Embalmer No. 489

P. O. Address Wayne

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.