No. 300
10-48

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1148

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bethany Twp
c. LENGTH OF STAY (in this place) 5 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Harrison
c. CITY OR TOWN Rural Bethany Twp
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 3410
e. STREET ADDRESS (If rural, give location) 1 mile N. W. of Bethany

3. NAME OF DECEASED (Type or Print) a. (First) Jury b. (Middle) Birdine c. (Last) Hendren
4. DATE OF DEATH (Month) (Day) (Year) 1-28-56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-16-1874
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Harrison Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Henry Hendren
13b. MOTHER'S MAIDEN NAME Elizabeth Copper
14. NAME OF HUSBAND OR WIFE Sinah Hendren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Jesse Hendren ADDRESS Bethany 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, asthenia, 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)	Cerebral Hemorrhage	1 day.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardio-Vascular Disease	15 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Adenocarcinoma Prostate	3 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION — 443xH
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 8/29, 1955, *to* 1-28, 1955, *that I last saw the deceased alive on* 1/23, 1956, *and that death occurred at* 7:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lewis Courtney (Degree or title) D.O.
23b. ADDRESS Bethany - Missouri.
23c. DATE SIGNED 2-1-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE January 31-56
24c. NAME OF CEMETERY OR CREMATORY Morris Chapel
24d. LOCATION (City, town, or county) (State) Bethany Mo

DATE REC'D BY LOCAL REG. 2-3-56
REGISTRAR'S SIGNATURE Zola Burris 116-n
25. FUNERAL DIRECTOR'S SIGNATURE M B Haas ADDRESS Bethany, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....M B Haas.....

Licensed Embalmer No. 389 9

P. O. Address Bethany, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.