

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3877

State File No.

FILED MAR 12 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>30 Yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>222 1/2 No. 6th St.</u>		e. STREET ADDRESS (If rural, give location) <u>222 1/2 No. 6th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nell</u>	b. (Middle)	c. (Last) <u>Henkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED <input type="checkbox"/> WIDOWED, DIVORCED <input type="checkbox"/> <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Caldwell County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adam Henkins</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Frazier</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-09-6205</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sherman Henkins - Hamilton, Mo.</u>	ADDRESS
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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, asthemia, 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) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>signed as an unattended</u> DUE TO (c) <u>death in the City of St. Joseph</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I ^{VIEWED} attended the deceased from 2-25, 1956, to _____, 19____, that I ^{have never seen} last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Maguire M.D. Assistant City Physician and Surgeon Bldg. City</u>	(Degree or title)	23b. ADDRESS <u>Hamilton, Mo.</u>	23c. DATE SIGNED <u>2-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caldwell Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 6, 1956</u>	REGISTRAR'S SIGNATURE <u>Nathan M. Allison</u>	425-9	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin A. Brown</u>	ADDRESS <u>Hamilton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1956

MAR 16 1956

MAR 28 1956

MAR 21 1956

JUN 21 1956

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.....
Marvin A. Brown

Licensed Embalmer No. 391

P. O. Address. *Hamilton*

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.