

FILED APR 16 1956

STANDARD CERTIFICATE OF DEATH

84559

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 30

1. PLACE OF DEATH  
a. COUNTY Clay  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Ray

b. CITY (If ~~any~~ corporate limits, write RURAL and give township) Excelsior Springs c. LENGTH OF STAY (in this place)  
c. CITY OR TOWN Orrick d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Excelsior Springs Hospital  
e. STREET ADDRESS (If rural, give location) 0890

3. NAME OF DECEASED  
a. (First) John b. (Middle) A. c. (Last) Hendrix  
4. DATE OF DEATH (Month) (Day) (Year) March 26, 56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Feb. 14, 1878 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station  
10b. KIND OF BUSINESS OR INDUSTRY Operator  
11. BIRTHPLACE (City and State or Foreign Country) Knoxville, Mo. 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME George W. Hendrix 13b. MOTHER'S MAIDEN NAME Sarah J. Simpson 14. NAME OF HUSBAND OR WIFE Thelma Hendrix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Thelma Hendrix ADDRESS Orrick, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Embolism  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Post Operative  
DUE TO (c) 4 days  
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  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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

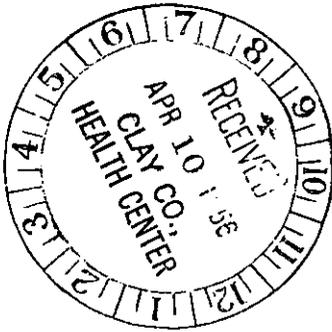
22. I hereby certify that I attended the deceased from March 20 5 30 PM to March 26 9 AM that I last saw the deceased alive on 3-26-56 and that death occurred at 7:00 A. M. from the causes and on the date stated above.

23a. SIGNATURE B. B. Gay, M.D. (Degree or title) 23b. ADDRESS Kennett 23c. DATE SIGNED 3-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-27-1956 24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery 24d. LOCATION (City, town, or county) (State) Cowgill, Mo.

DATE REC'D BY LOCAL REG. 3/29/56 REGISTRAR'S SIGNATURE Baroline Hutchings 25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good ADDRESS Orrick, Mo.

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 *Charles F. Tyle*.....

Licensed Embalmer No. *453*.....

P. O. Address *Tyler*.....

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.