

0.300
0.48

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10133

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 2054 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>LOUISIANA</u>	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 <u>PIKE COUNTY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>302 So. FIFTH ST.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>FRANK</u>	c. (Last) <u>HENDERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30, 1956</u>
-------------------------------------	--------------------------	--------------------------	----------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 29, 1887</u>	9. AGE (In years last birthday) <u>68</u>	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) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WHITE HALL, ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	---	--	--

13a. FATHER'S NAME <u>JOE HENDERSON</u>	13b. MOTHER'S MAIDEN NAME <u>MELVINA BLACKKETER</u>	14. NAME OF HUSBAND OR WIFE <u>IDA RACHAEL LEE</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-05-2252</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida R. Lee</u>	ADDRESS <u>Louisiana, Mo.</u>
--	--	---	-------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lympho-Granuloma</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2001</u>			

19a. DATE OF OPERATION <u>1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of gland - Lympho-Granuloma</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from 2-16, 1956, to 3-30, 1956, that I last saw the deceased alive on 3-29, 1956, and that death occurred at 8:42 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bernice Collier</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Louisiana, Missouri</u>	23c. DATE SIGNED <u>3-31-56</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Mar 31, 1956</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>	ADDRESS <u>Louisiana, Mo.</u>
--	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Geo. M. Callier

Licensed Embalmer No. *38*

P. O. Address *Louis*

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