

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15673

State File No.

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5124		Registrar's No. 531			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Plette					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Bloomington Twp.		c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN Deerborn		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION RR #2, DeKalb, Mo.				e. STREET ADDRESS (If rural, give location) 4 mile west of Deerborn					
3. NAME OF DECEASED (Type or Print) Alice			a. (First)		b. (Middle)		c. (Last) Henderson		
4. DATE OF DEATH (Month) (Day) (Year) May 10 1956		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 11, 1864	
9. AGE (In years) (Month) (Day) (Year) 92		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New Market, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomes Adems			13b. MOTHER'S MAIDEN NAME Mery Ann Lykins			14. NAME OF HUSBAND OR WIFE Rager C. Henderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Leon Henderson				ADDRESS DeKalb, 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, asthemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH 1 year	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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"/>	
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) 4200					
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 2-1, 1956, to 5-10, 1956, that I last saw the deceased alive on 3-10, 1956, and that death occurred at 6 P. M., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. L. Durham</i>				(Degree or title) M.D.		23b. ADDRESS Deerborn Mo.		23c. DATE SIGNED 5-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Judy Cemetry		24d. LOCATION (City, town, or county) (State) Buchanan Co., Missouri			
DATE REC'D BY LOCAL REG. May 14, 1956		REGISTRAR'S SIGNATURE <i>Thomas M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE Vaughn-Aufreng		ADDRESS Deerborn, 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Vaughn*

Licensed Embalmer No. *40*

P. O. Address *Weston*

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.