No. 300
10-48

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

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19791

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY OR TOWN Hulton (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 9 mon
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Andrew
c. CITY OR TOWN Vandalia, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS 305 S. Finkell (If rural, give location) 0040 1

3. NAME OF DECEASED (Type or Print)
a. (First) Martha b. (Middle) Ann c. (Last) Hendrix

4. DATE OF DEATH (Month) June (Day) 20 (Year) '56

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Apr 27, 1877
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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) Vandalia, Mo
12. CITIZEN OF WHAT COUNTRY? Mo.

13a. FATHER'S NAME Leo W. Clark
13b. MOTHER'S MAIDEN NAME Mary Wilson
14. NAME OF HUSBAND OR WIFE Jackson 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. None
17. INFORMANT'S SIGNATURE OR NAME Jackson Hendrix **ADDRESS** Vandalia 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — Interval between onset and death: 2 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis General — 2 yr.

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 4500
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* Nov 22, 1955, *to* June 20, 1956, *that I last saw the deceased alive on* June 20, 1956, *and that death occurred at* 12 40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. C. Robertson **(Degree or title)** M.D.
23b. ADDRESS State Hosp - No 1
23c. DATE SIGNED June 25, 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 22-1956
24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery
24d. LOCATION (City, town, or county) Vandalia (State) Mo

DATE REC'D BY LOCAL REG. June 20-1956
REGISTRAR'S SIGNATURE Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE William B. Waters **ADDRESS** Vandalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Waters

Licensed Embalmer No. 416

P. O. Address Vandalia

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.