

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24640

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 5951 Registrar's No. 39

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 (If outside corporate limits, give TOWNSHIP only) OR <u>Indiana</u> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR <u>Indian</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>6 mi E Vandalia</u>		Length of stay in lb	d. STREET ADDRESS <u>6 mi E Vandalia</u> (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	<u>William</u> ^{First}	<u>James</u> ^{Middle}	<u>Henderson</u> ^{Last}	4. DATE OF DEATH	<u>July 30, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 20, 1912</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>	11. BIRTHPLACE (City and state or country) <u>Curryville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13. FATHER'S NAME <u>Emmett W. Henderson</u>	14. MOTHER'S MAIDEN NAME <u>Lucinda Duncan</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Juanita Henderson, Curryville</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Previous Coronary occlusion 1951 4 201</u>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from May 15 1951 to July 30 1956 and last saw her alive on July 30, 1956
Death occurred at 9:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Oran Thierne MD</u> (Degree or title)	22b. ADDRESS <u>Vandalia Mo.</u>	22c. DATE SIGNED <u>7/31/56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 1, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Curryville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Curryville, Missouri</u>
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24. FUNERAL DIRECTOR <u>William B Waters</u> ADDRESS <u>Vandalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/31/56</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>
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(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 embalmed
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 *Dundalk*

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.