

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26069

FILED AUG 27 1956

State File No. \_\_\_\_\_  
REGISTRAR'S No. \_\_\_\_\_

42

1000

883

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S No. _____		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>40 Yrs</b>		c. CITY OR TOWN <b>St. Joseph</b>		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 <b>St Joseph's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>622 Edmond Street 0116</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) _____ c. (Last) <b>Henderson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 12, 1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept. 3, 1905</b>		
9. AGE (In years last birthday) <b>50</b>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 1 HR. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Columbia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-07-6139</b>		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS <b>Mrs Marie Nolan, 624 Edmond St.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dysenteral Ulcer</b> ANTECEDENT CAUSES <b>Pneumonia</b> 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. <b>P</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
19a. DATE OF OPERATION <b>7.28.56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Dysenteral Ulcer 5410</b>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>26 July, 1956</b> to <b>8/12, 1956</b> , that I last saw the deceased alive on <b>12 Aug. 1956</b> , and that death occurred at <b>7:05pm.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____			23b. ADDRESS <b>St Joseph Mo</b>			23c. DATE SIGNED <b>14 Aug 56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 14, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Aug 17, 1956</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Alexander</b>		ADDRESS <b>St. Joseph, Mo.</b>		

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

485

---

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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph*

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.