

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26163

State File No. \_\_\_\_\_

FILED SEP 6 1956

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>451</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <u>Oklahoma</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Ravia</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>Poplar Bluff Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Unknown</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louella</u> b. (Middle) _____ c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 25, 1927</u>		
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ravia, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Homer Benson</u>			13b. MOTHER'S MAIDEN NAME <u>Everett Colley</u>			14. NAME OF HUSBAND OR WIFE <u>Raymond Henderson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Henderson, Springfield, 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Pneumonia</u> rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>Gun shot wound</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <u>7 days</u>	
19a. DATE OF OPERATION <u>August 13, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated Colon stomach and Spleen - 976x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Poplar Bluff Butler Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 13 1956 7:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self Inflicted</u>				
22. I hereby certify that I attended the deceased from <u>8-13, 1956</u> to <u>8-20, 1956</u> , that I last saw the deceased alive on <u>8-20, 1956</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. Seimke, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>8-27-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ravia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ravia, Oklahoma</u>		
DATE REC'D BY LOCAL REG. <u>9/6/56</u>		REGISTRAR'S SIGNATURE <u>PH Trustees</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 7 1956

SEP 11 1956

SEP 24 1956

**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 *James M. Hill*.....

Licensed Embalmer No. 5222

P. O. Address *Poplar Bluff*

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.