

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **28525**
Registrar's No. **7587**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Poinsett			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 15 days		c. CITY OR TOWN Marked Tree		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 Frisco Employes Hospital				e. STREET ADDRESS (If rural, give location) 106 Central			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Riley		c. (Last) Hendon		4. DATE OF DEATH (Month) (Day) (Year) 8 15 56	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-19-1882-1892	
9. AGE (In years last birthday) 73 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Williford, Arkansas		12. CITIZEN OF WHAT COUNTRY America	
13a. FATHER'S NAME Jones Hendon		13b. MOTHER'S MAIDEN NAME Clementine Hankins		14. NAME OF HUSBAND OR WIFE Alpha Hendon, Alpha			
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. 702-03-8515		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alpha Hendon, Alpha			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest - Shock ANTECEDENT CAUSES DUE TO (b) Carcinoma Urinary Bladder <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION 8/14/56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Urinary Bladder				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) 181x			
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 August 1, 19 56 , to August 15, 19 56 , that I last saw the deceased alive on August 14, 19 56 , and that death occurred at 3:15A m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles W. Halls M.D.				23b. ADDRESS 4960 Laclede Avenue		23c. DATE SIGNED 8/15/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-15-56		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Marked Tree, Arkansas	
DATE REC'D BY LOCAL REG. AUG 15 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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

S. No. 300
V. 10.48

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1956

SEP 25 1956

OCT 2 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 *W. W. Wilkins*

Licensed Embalmer No. 357

P. O. Address *M. Lewis*

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.