

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. **34027**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4241

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 hours</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 3 Pleasant Hill Twp. 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredda</u> b. (Middle) <u>Harris</u> c. (Last) <u>Henley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 10, 1896</u>
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u></u> DAYS <u></u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electronics assembler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bendix Corp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Fielding B. Henley, deceased</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. <u>487-12-6278</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Conrad H. Henley Pleasant Hill, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>hypertension</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>renal changes.</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		331X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Distention of small intestine & pylorus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>Jan</u> , 19 <u>52</u> , to <u>Sept 28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sept 28</u> , 19 <u>56</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Seward Jaude D.O. 2</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>	23c. DATE SIGNED <u>9/29/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/29/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-29-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brownfield-Stanley Pleasant Hill, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Seward Jaude, D.O.

0.300
0.48

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..... *Carl M. Keeney*

Licensed Embalmer No. *351*

P. O. Address *Pleasant*

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.