

Cause of death must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1956

STATE FILE NUMBER **38916**

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE					
b. CITY (If outside corporate limits, give TOWNSHIP only) BENTON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CHAMOIS, MO., 8760		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) CHAMOIS, MO., RFD			Length of stay in 1b LIFE		d. STREET ADDRESS RFD		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) LAWRENCE JOHN HENDERSON				First LAWRENCE		Middle JOHN		Last HENDERSON	
4. DATE OF DEATH NOVEMBER 29, 1956		Month NOVEMBER		Day 29		Year 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DECEMBER 2, 1899		9. AGE (In years last birthday) 56	
						IF UNDER 1 YEAR Month 11 Days 27 Hours Min. 		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. ENGINEERS RIVER			10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORK		11. BIRTHPLACE (City and state or country) CHAMOIS, MOI			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME SAMUEL HENDERSON					14. MOTHER'S MAIDEN NAME CATHERINE RICHARDS				
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.		17. INFORMANT Address MRS. SAMUEL HENDERSON, CHAMOIS, MO., RFD				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Miscellaneous thrombosis</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>570.2</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)								INTERVAL BETWEEN ONSET AND DEATH	
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.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 									
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 Linn, Mo.		COUNTY OSAGE		STATE MISSOURI
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) <i>Roman W. Baldwin D.O.</i>					22b. ADDRESS Linn, Mo.			22c. DATE SIGNED Nov. 30, 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 1, 1956		23c. NAME OF CEMETERY OR CREMATORY Shirley Cemetery			23d. LOCATION (City, town, or county), (State) Mint Hill, Osage County, Mo.		
24. FUNERAL DIRECTOR'S ADDRESS Clyde Morton Linn, Mo.				25. DATE RECD. BY LOCAL REG. Dec 6, 1956		26. REGISTRAR'S SIGNATURE <i>Josephine Schieder</i> <i>Superior</i>			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Vernon M. M...*

Licensed Embalmer No. *41*

P. O. Address. *Lin...*

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.