

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

State File No. **1067**

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany	c. LENGTH OF STAY (In this place) 12 hrs.	c. CITY OR TOWN Bethany	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 Noll Hospital		e. STREET ADDRESS (If rural, give location) 24110	

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) _____ c. (Last) Hendrickson	4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, ⁹ WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 12, 1905	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work performed on most of the days immediately preceding death) Hotel Proprietor	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Scotland Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William T. Barker	13b. MOTHER'S MAIDEN NAME Alma Huston	14. NAME OF HUSBAND OR WIFE Alvin Hendrickson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 482-40-6561	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Barker	ADDRESS Memphis, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 492x
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **8-20, 1956**, to **1-20, 1957**, that I last saw the deceased alive on **1-20, 1957**, and that death occurred at **5:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Boyler, MD	23b. ADDRESS Bethany, Mo.	23c. DATE SIGNED 1-28-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 22, 1957	24c. NAME OF CEMETERY OR CREMATORY Memphis	24d. LOCATION (City, town, or county) (State) Memphis Mo.
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DATE REC'D BY LOCAL REG. 1-29-57	REGISTRAR'S SIGNATURE Zola Burvis	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Boyler	ADDRESS Memphis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 13 1957
FEB 15 1957

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 *Neal Payne*.....
Licensed Embalmer No. *25*.....

P. O. Address *Memphis*.....

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.