

FILED JAN 31 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5564

0672
 inside city limits
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 3
 528

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Charleston</u>)		c. LENGTH OF STAY (in this place) <u>32 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		0672 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 60 West</u>				d. STREET ADDRESS (If rural, give location) <u>McElroy Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u>		b. (Middle) _____		c. (Last) <u>Henderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 16, 1889</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Walnut Ridge, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Henderson, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Georgie 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>Ada Gray, 517 S. Locust, Charleston, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSHED CHEST</u> ANTECEDENT CAUSES <u>BROKEN RT. ARM & LEG</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		8124 25		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60 W</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston Mississippi Missouri</u>		067	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN 19 1957 7:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WHEN HIT BY AUTO</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>JAN 19</u> , 19 <u>57</u> , and that death occurred at <u>7:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edna McMillan CORONER</u>				23b. ADDRESS <u>CHARLESTON MO</u>		23c. DATE SIGNED <u>1/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-24-57</u>		REGISTRAR'S SIGNATURE <u>Dorothy B. Hutchison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Sparks</u>		ADDRESS <u>Charleston, Mo.</u>	

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed 1-28-57

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
Student Embalmer

Signed

Travis Shelby Jr.

Licensed Embalmer No. 25940

P. O. Address

East Prairie, Mo

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 this body is not embalmed, fact should be so stated above.