

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20828**

FILED JUN 24 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>6 da.</u>		c. CITY OR TOWN <u>Ridgeway</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Naal Memorial Hospital</u>				e. STREET ADDRESS <u>0410</u> (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Velma</u> b. (Middle) <u>Fetha</u> c. (Last) <u>Hendren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 57</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 26 - 1905</u>	9. AGE (in years less birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Keeper of Own Home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Eastville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Osia Shain</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Parlett</u>		13c. NAME OF HUSBAND OR WIFE <u>Leo Hendren</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Hendren</u> ADDRESS <u>Ridgeway 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u> 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 <u>6 Months</u> <u>18 Months</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>Y</u> 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>1-12</u> , 19 <u>56</u> , to <u>6-13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>57</u> , and that death occurred at <u>8:20 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. F. Boyer, M.D.</u> (Degree or title)				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>6-16-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marion Chapel Center - 694th Bethany mo</u>		24d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>Zella Mayer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Boyer</u> ADDRESS <u>Ridgeway Mo</u>					

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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

Signature *Robert R. Boffers*
Licensed Embalmer No. *357*
P. O. Address *Ridgewood*

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.