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diseases in Part I must be casually 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

29542

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7649

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE MISSOURI b. COUNTY <i>Greene</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN ST. LOUIS Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD Inside Limits 2346 Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3/ Reside on Farm ADDRESS Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b 38 HOSPITAL OR INSTITUTION DOA CITY HOSP.		4. DATE OF DEATH Month Day Year 8-12-57			
3. NAME OF DECEASED (Type or print) First Middle Last LEONARD HENDERS ON		5. SEX male 6. COLOR OR RACE white 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH 3-1-1922		9. AGE (In years last birthday) 35		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer		10b. KIND OF BUSINESS OR INDUSTRY labor		11. BIRTHPLACE (City and state or country) Springfield, Mo. 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Henderson			14. MOTHER'S MAIDEN NAME Lina Hitchcock		
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. none		17. INFORMANT Address Lina Henderson, Springfield Mo.	
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>Cerebro Vascular Accident, Hemorrhage</i> DUE TO (b) <i>Secondary to Leukemia</i> DUE TO (c) _____ 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 (a)					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2044					
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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <i>245 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Patrick F. Taylor Coroner</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>8.15.57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>8-14-57</i>		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) <i>Springfield, Mo.</i>		(State)			
24. FUNERAL DIRECTOR <i>Thieme, Springfield, Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>AUG 15 57</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mjb</i>					

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1957

SEP 25 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 .....

*V. C. Morris*

Licensed Embalmer No. 3

P. O. Address *St. Louis*

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.