

Health,
& Welfare
S. Public
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S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39952

STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1115

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Republic		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) 8 miles NW Republic		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHAMP Middle A. Last HENDRICKS			4. DATE OF DEATH Month Nov. Day 16, Year 1957		
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 Nov. 2, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY - -	11. BIRTHPLACE (City and state or country) Greene Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Marquis Hendricks			14. MOTHER'S MAIDEN NAME Ida Josephine Smalling		
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. Unknown	17. INFORMANT Address Mrs. Louise Hendricks, Republic, 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) Chronic glomerulonephritis & uraemia					INTERVAL BETWEEN ONSET AND DEATH 5 or 6 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____					
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 1957 to 11-16-57 and last saw ^{her} him alive on 11-16-57 . Death occurred at 10:45 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. B. Lemmon (Degree or title)		22b. ADDRESS MD Prof Bldg, Spfld, Mo		22c. DATE SIGNED 11-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/19/1957	23c. NAME OF CEMETERY OR CREMATORY Kerr Cemetery		23d. LOCATION (City, town, or county) (State) Billings, Missouri
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.		25. DATE RECD. BY LOCAL REG. 11-20-57		26. REGISTRAR'S SIGNATURE Edith Williamson	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1958

FEB 28 1958

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 *Jean Harris*

Licensed Embalmer No. 4390

P. O. Address *Clover*

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.