

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43745**
Registrar's No. **109**

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5199**

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CARROLL	
b. CITY OR TOWN Rural VAN HORN TWP		c. CITY OR TOWN Tina Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 yrs		e. STREET ADDRESS (If rural, give location) RFD 1 Tina. Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles S.W Tina Mo.			

3. NAME OF DECEASED (Type or Print) THOMAS GENE HENDERSON			4. DATE OF DEATH Dec. 11, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Sept. 16, 1878		9. AGE (in years last birthday) 79		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Wakenda, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Willis S. Henderson		13b. MOTHER'S MAIDEN NAME Frances Simpson		14. NAME OF HUSBAND OR WIFE Bertie Adkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy V. Henderson, Tina, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEART CONDITION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INSUFFICIENCY				
		DUE TO (c)				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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.) 4222		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CARROLL MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.D. Cochran		23b. ADDRESS 103 E. 7th Carrollton Mo.		23c. DATE SIGNED 12-11-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 12-14-57		24b. DATE 12-14-57		24c. NAME OF CEMETERY OR CREMATORY Pleasant Park Cem	
				24d. LOCATION (City, town, or county) (State) Carrollton - Mo.	

DATE REC'D BY LOCAL REG. 12-14-57		REGISTRAR'S SIGNATURE Mr Herbert Calvert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley & Gibson Carrollton Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

45

JAN 8 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..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Parrott*

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.