

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1272

State File No.

FILED JAN 27 1958

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>17 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				STREET ADDRESS (If rural, give location) <u>8940 SAGAMORE RD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u>			b. (Middle) <u>RANKIN</u>		c. (Last) <u>HENDERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/3/58</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2/29/08</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPV. of RIGHT OF WAY DEPT.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN TELEPHONE TELEGRAPH</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALLEGHENY Co. PENNSYLVANIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HARRY E. HENDERSON, SR.</u>			13b. MOTHER'S MAIDEN NAME <u>NAN E. RANKIN</u>		14. NAME OF HUSBAND OR WIFE <u>LENORE M. HENDERSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>115-07-3592</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAIR G. HENDERSON, DENVER, COLORADO</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intercerebral Nematoma</u> DUE TO (c) <u>Aneurysm - Circle of Willis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 weeks</u> <u>Indeterminate (Congenital)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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>12-7</u> , 19 <u>57</u> , to <u>1-2</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>58</u> , and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. L. Byers M.D.</u> (Degree or title)				23b. ADDRESS <u>4635 Wyandotte, N. C. Mo.</u>		23c. DATE SIGNED <u>1-3-58.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 4, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRMOUNT MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>DENVER COLORADO</u>		
DATE REC'D BY LOCAL REG. <u>1-3-58</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD P. L. Byers

V/S
APR 20 1959

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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *K E Y*

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.