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FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005572
STATE FILE NUMBER 693

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes ☒ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL — Length of stay in 1b 30 YEARS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ~~JACKSON~~ CLAY c. CITY OR TOWN KANSAS CITY 508 — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) 5204 NORTH HARDESTY AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARY Middle: Last: HENDERSON			4. DATE OF DEATH Month Day Year: FEB - 7 - 1958	
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: APRIL-26-1904	9. AGE (In years last birthday): 54-53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE & BOOKKEEPER	10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -	11. BIRTHPLACE (City and state or country): WAYNE, WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME: LEE McGEE	13b. MOTHER'S MAIDEN NAME: ELLA OSNER	14. NAME OF HUSBAND OR ~~WIFE~~: FLOYD L. HENDERSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) - - - - - -	16. SOCIAL SECURITY NO.: 487-05-7328	17. INFORMANT: FLOYD L. HENDERSON	Address: 5204 NORTH HARDESTY KANSAS CITY, MISSOURI	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Shock	24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Intestinal obstruction	4 days
DUE TO (c)	Carcinoma + adhesions	1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1539

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ D

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐ — 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 2-3-58, to 2-7-58 and last saw her/him alive on 2-7-58
Death occurred at 1:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. McGregor Slick D.O	22b. ADDRESS 926 E 11TH Kansas City Mo	22c. DATE SIGNED 2-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: FEB-10-1958	23c. NAME OF CEMETERY OR ~~CREMATORY~~: GREEN LAWN CEMETERY	23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: DW. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG.: 2-10-58	26. REGISTRAR'S SIGNATURE: Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. Mc Greger Slick

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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

Signed Norman W. Thorson

Licensed Embalmer No. 4887

P. O. Address N. C. Mo.

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.