

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005574

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 868

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2508 E. 10th St		d. STREET ADDRESS (If outside, give location) 2508 E. 10th St.	
3. NAME OF DECEASED (Type or print) First Wiley Middle Last Henderson, Jr.		4. DATE OF DEATH Month Feb. Day 17, Year 1958	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 13, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track laborer	10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal	9. AGE (In years last birthday) 61	11. BIRTHPLACE (City and state or country) Greenwood, La.
13a. FATHER'S NAME Wiley Henderson, Sr.	13b. MOTHER'S MAIDEN NAME Mattie Talbert	12. CITIZEN OF WHAT COUNTRY? U.S.	
14. NAME OF HUSBAND OR WIFE None	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 450-07-6090	17. INFORMANT Address Mrs. Lottie Frazier, Los Angeles, Calif.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4500
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			
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 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.	22c. DATE SIGNED 2/17/58
23a. BURIAL CREMATION REMOVAL (Specify) Removal	23b. DATE 2/25/58	23c. NAME OF CEMETERY OR CREMATORY West Lawn Cemetery	23d. LOCATION (City, town, or county) (Specify) Kansas City, Kansas
24. FUNERAL DIRECTOR ADDRESS Badeau, Appleton & Jones, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 2-17-58	26. REGISTRAR'S SIGNATURE neva merrill

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

L. M. Tillman



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 *Consuelo R. Lopez B.*

Licensed Embalmer No. *45944*

P. O. Address *F. C. W.*

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.