

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008748  
STATE FILE NUMBER

FILED APR 1 1958

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Barton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Liberal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>		Length of stay in lb <b>5 yrs</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>VIOLA</b> Middle <b>FLORENCE</b> Last <b>HENDRICKS</b>			4. DATE OF DEATH Month <b>March</b> Day <b>25</b> Year <b>1958</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 7 1868</b>		9. AGE (In years last birthday) <b>88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Lawrence County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Mason</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Rutledge</b>	
14. NAME OF HUSBAND OR WIFE <b>James P. Hendricks</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Marion Deardorff, Liberal, Missouri</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Circulatory Failure</b> DUE TO (b) <b>Recumbency necessitated by a slight compression fracture of 4th dorsal vertebra.</b> DUE TO (c) <b>Arteriosclerosis and Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>25 days</b> <b>34 days</b> <b>10 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Marked Dorsal Kyphosis + Costo-vertebral Pathology</b>		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. _____					
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 <b>Liberal, Mo.</b>	
21. I attended the deceased from <b>Apr. 22-1947</b> to <b>Mar. 25-58</b> and last saw her alive on <b>Mar. 24, 1958</b> Death occurred at <b>12:30</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (D, M, or title) <b>Munroe Kneeland, D.O.</b>		22b. ADDRESS <b>Liberal, Mo.</b>		22c. DATE SIGNED <b>3-27-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>March 27 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Love Cemetery</b>	
		23d. LOCATION (City, town, or county) <b>Cedar County, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Konantz Funeral Home, Lamar, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 27 1958</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Barbara J. Rowant* .....

Licensed Embalmer No. *2247* .....

P. O. Address *Lanham, Md* .....

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.