

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015125
State File No.

FILED MAY 5 1958

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 123

0742

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. LENGTH OF STAY (in this place) 41 yrs.	c. CITY OR TOWN Maryville
d. FULL NAME OF HOSPITAL OR INSTITUTION 1109 North Fillmore		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA		b. (Middle) T.	c. (Last) HENDERSON
4. DATE OF DEATH (Month) (Day) (Year) 4 19 58		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12/9/64		9. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (City and State or Foreign Country) Coloma, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Hampton		13b. MOTHER'S MAIDEN NAME Sarah Little	
14. NAME OF HUSBAND OR WIFE James B. Henderson, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Johnson, Maryville, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis, decompensation DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY 22 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Sept. 14, 1954 , to Apr. 19, 1958 , that I last saw the deceased alive on April 18, 1958 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE W. D. Johnson		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 4/21/58		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 4/21/58		24c. NAME OF CEMETERY OR CREMATORY Miriam	
24d. LOCATION (City, town, or county) (State) Maryville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 5-3-58		REGISTRAR'S SIGNATURE Bess Holt	

JUL 5 1961

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 *Clem M. Price*.....

Licensed Embalmer No. *1822*.....

P. O. Address *Mayville, N.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.