

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015190
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 292 Primary Registration District No. 5904 Registrar's No. 13

Health, & Welfare Public Service
S. 300
1-57
0780
Doc. Hawkins STEELE
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>HEMISCO T</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HEMISCO T</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STEELE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>STEELE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Off 1 Halland</u>		Length of stay in lb	d. STREET ADDRESS <u>RT 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES HENDERSON</u>			4. DATE OF DEATH Month Day Year <u>2-25-58</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 1881</u>		9. AGE (In years) Month Day <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>SHELBY Co. TENN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>		13a. FATHER'S NAME <u>ABE HENDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA</u>	
14. NAME OF HUSBAND OR WIFE <u>PEARL HENDERSON</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT <u>PEARL HENDERSON</u>		Address <u>SAME</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive vascular disease</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>2/3/58</u> to <u>2/25/58</u> and last saw ^{her} / _{him} alive on <u>2/25/58</u> . Death occurred at <u>11 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Lucile E. Halcomb, M.D.</u>		(Degree or title)		22b. ADDRESS <u>State, Mo. Steele, Mo.</u>	
22c. DATE SIGNED <u>3/1/58.</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2-27-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis</u>		23d. LOCATION (City, town, or county) <u>State Line, Ark.</u>		(State)	
24. FUNERAL DIRECTOR <u>John W. German</u>		ADDRESS <u>Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-19-59</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		Licensed Embalmer's Statement on Reverse Side			

4-115-58

APR 23 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *4355*
P. O. Address *Hartsville, 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.