

FILED JUL 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024973

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Swedeborg</u> <u>0850</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>	Length of stay in lb' <u>3 days</u>	d. STREET ADDRESS <u>--</u> (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Luther</u> Middle <u>Allen</u> Last <u>Henderson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 13 1895</u>	9. AGE (In years last birthday) <u>63</u>	FUNDER 1 YEAR Months <u>6</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resturant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	11. BIRTHPLACE (City and state or country) <u>Crocker, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James W Henderson</u>	13b. MOTHER'S MAIDEN NAME <u>Matilds Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Virgie Crisman (Deceased)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Frank McMillian</u> Address <u>3668 SW 26 Terrace Miami Florida</u>
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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>Pulmonary emboli, multiple</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <u>auricular fibrillation, marked,</u>	<u>3 days</u>
	DUE TO (c) <u>Coronary Thrombosis, acute,</u>	<u>3 days</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.)
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20c. TIME OF INJURY Hour <u>1:10</u> Month, Day, Year <u>7-26-58</u> 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 <u>Jefferson City, Missouri</u>	COUNTY <u>Missouri</u>	STATE
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21. I attended the deceased from Death occurred at <u>7-24-58</u> to <u>7-26-58</u> and last saw him alive on <u>7-26-58</u> at <u>1:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Rendall P. Clark MD</u> (Degree or title)	22b. ADDRESS <u>Jefferson City, Missouri</u>	22c. DATE SIGNED <u>7-27-1958</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 30 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>
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24. FUNERAL DIRECTOR <u>HEDGES FUNERAL HOMES INC</u> ADDRESS <u>CROCKER MO</u>	25. DATE RECD. BY LOCAL REG. <u>28 July 1958</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D. - MR</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All information in Part I must be causally related.

AUG 1 1958

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 *Clarence E Moss* .....

Licensed Embalmer No. *4896* .....  
P. O. Address *Waynesville, N.C.*

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.