

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028914
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 133 Primary Registration District No. 5483 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bethany 0410
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in 1b 78 yrs	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Sinah Jene Hendren			4. DATE OF DEATH Month Day Year 9 - 1 - 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY C	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Harrison Co.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Edmondson		13b. MOTHER'S MAIDEN NAME Sarah Jennings	14. NAME OF HUSBAND OR WIFE Jude B.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. A lvin Hendry Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Hypertensive Cardio-Vascular Disease			10 years
DUE TO (c) Chronic Glomerulo-Nephritis			20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ----- 592 X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <input type="checkbox"/> WORK AT WORK	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 9/27/57 to 9/1/58 and last saw her alive on 8/25/58 Death occurred at 6 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Elmer Cutney		22b. ADDRESS D.O., Bethany, Missouri	22c. DATE SIGNED 9/6/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-3-58	23c. NAME OF CEMETERY OR CREMATORY Morris-Chapel	23d. LOCATION (City, town, or country) (State) Bethany, Mo.
24. FUNERAL DIRECTOR Mrs. Saar		ADDRESS Bethany Mo	25. DATE RECD. BY LOCAL REG. 9-6-58
			26. REGISTRAR'S SIGNATURE Jella Masey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

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 *W. B. Nason*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, 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.