Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029438

STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Carthage — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Carthage 0490 — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McCune-Brooks hosp — Length of stay in 1b 5 hrs	d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
LILLIE	BELLE	HENDERSON	August	10,	1958

5. SEX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white		Sept 27, 1886	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Smith Center, Kansas	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Allen Montgomery	Emma Woods	George A. Henderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		none	G.A.Henderson	Rte 1, Carthage, Mo

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 9 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c) 4201

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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 4-17-50, to 8-10-58 and last saw her/him alive on 8-10-58

Death occurred at 10 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank H. Brown (Degree or title) MD

22b. ADDRESS Carthage, Mo

22c. DATE SIGNED 8-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Aug 13-1958

23c. NAME OF CEMETERY OR CREMATORY Osborne Cemetery

23d. LOCATION (City, town, or county) Joplin, Mo (State)

24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo

25. DATE RECD. BY LOCAL REG. 8-13-58

26. REGISTRAR'S SIGNATURE Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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.