

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032216  
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salem 0330
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East D		Length of stay in 1b	d. STREET ADDRESS rt 1 (If outside, give location)
3. NAME OF DECEASED (Type or print) First Bonnie Middle D Last Hendricks		4. DATE OF DEATH Month Sept Day 23 Year 1958	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 2 1892
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (City and state or country) Newbern Tenn
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Lafayette Hendricks		13b. MOTHER'S MAIDEN NAME Mollie Trout	14. NAME OF HUSBAND OR WIFE Madge Tayler Hendricks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yrs or dates of service) No X		16. SOCIAL SECURITY NO. 497 01 0964	17. INFORMANT Madge Hendricks Salem Mo rt 2 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) <i>Cerebral vessel with coronary heart disease</i> DUE TO (b) <i>Coronary Heart Disease</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>5 hours unknown</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 11/18/53 to 9/23/58 and last saw her alive on 9/23/58 Death occurred at 12:20 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. H. Hunt (Degree or title) 716A		22b. ADDRESS Salem 716	22c. DATE SIGNED 9/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-25-58	23c. NAME OF CEMETERY OR CREMATORY North Lawn Mem	23d. LOCATION (City, town, or county) (State) Dent Co Mo
24. FUNERAL DIRECTOR Spencer Funeral Home ADDRESS		25. DATE RECD. BY LOCAL REG. 9/23/58	26. REGISTRAR'S SIGNATURE M. M. Hart, M. D. L. P. M.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

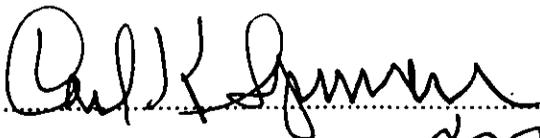
MEDICAL CERTIFICATION

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  .....

Licensed Embalmer No. 9374

P. O. Address Salina, 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.