

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033479

STATE FILE NUMBER

80

4313

200

SEP 25 1958

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Macon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmer | | c. CITY OR TOWN Elmer | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | |
| 0610 STREET ADDRESS | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Doll Middle _____ Last Magers | | | 4. DATE OF DEATH Month September Day 20 Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 27 1882 |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months 4 Days 24 | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) run a restaurant | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME HENDERSON A. J. Henderson | |
| 13b. MOTHER'S MAIDEN NAME Martha Whitmore | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | 17. INFORMANT Mrs. Gertrude Wigal Address Elmer Mo |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerosis and Hypertension 331X | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 3/16/55 to 9/20/58 and last saw her alive on 9/20/58 Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James D.O. (Degree or title) | | 22b. ADDRESS 800 W. Jefferson, Kirksville, Mo. | |
| 22c. DATE SIGNED 9/20/58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Sept 22 1958 | 23c. NAME OF CEMETERY OR CREMATORY Elmer | 23d. LOCATION (City, town, or county) (State) Macon County Mo |
| 24. FUNERAL DIRECTOR W. H. McCallum ADDRESS South Gifford | | 25. DATE RECD. BY LOCAL REG. 9/20/58 | 26. REGISTRAR'S SIGNATURE Ruth M. Keely |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
v. 4-57

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.

Doc Filed 9-14-58

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. H. McCallister*

Licensed Embalmer No...2052.....

P. O. Address. South Gifford. 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.