. Health,
& Welfare
. Public
h Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035995
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRAY SUMMIT — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN 0360 GRAY SUMMIT — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: IRVIN Middle: OTTO Last: HENDRICKS
4. DATE OF DEATH Month: OCT. Day: 12, Year: 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JULY 20, 1910
9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months 2 Days 22 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PURINA RESEARCH
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): MORRISONVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HENRY A. HENDRICKS
14. MOTHER'S MAIDEN NAME: DORA HILL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. MABEL HENDRICKS Address: GRAY SUMMIT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH 24h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malignant Hypertension — 2
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 ☐ 0
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 10/2/58 to 10/12/58 and last saw him alive on 10/12/58
Death occurred at 9:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Schuner MD 0
22b. ADDRESS Pacific Mo
22c. DATE SIGNED 10/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 15, 1958
23c. NAME OF CEMETERY OR CREMATORY: UNION CEMETERY
23d. LOCATION (City, town, or county) (State): UNION, MO.
24. FUNERAL DIRECTOR: OLTMANN FUNERAL HOME ADDRESS: UNION, MO
25. DATE RECD. BY LOCAL REG.: Oct. 14-1958
26. REGISTRAR'S SIGNATURE: Mary B. Gross

(Licensed Embalmer's Statement on Reverse Side)

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OCT 27 1958

OCT 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Ralph Oltmann.....

Licensed Embalmer No..480

P. O. Address..Union,..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.