

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039744

STATE FILE NUMBER

FILED DEC 5 1958

Registration District No. 382

Primary Registration District No. 5543

Registrar's No. 22

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boonslick Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Franklin</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home RFD 1, Franklin, Mo.</b>		Length of stay in lb <b>89 years</b>		d. STREET ADDRESS <b>RFD 1</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>Newton Jasper Hendrix</b>			4. DATE OF DEATH Month Day Year <b>Nov. 28 1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 12, 1862</b>	9. AGE (In years last birthday) <b>96</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Madison, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
13a. FATHER'S NAME <b>John Hendrix</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Simmons</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Ellen Morris</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>Elsie Hendrix RFD 1, Franklin, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>uremia</b> DUE TO (b) <b>arteriosclerosis cerebral</b> DUE TO (c) <b>Prostatic Hypertrophy</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Seriously mild psychoses</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>3 years</b>	
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 <b>1-18-54</b> to <b>11-21-58</b> and last saw him alive on <b>11-21-58</b> Death occurred at <b>5:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>L. Chamberlain M.D.</b>			22b. ADDRESS <b>Boonville mo</b>		22c. DATE SIGNED <b>11-29-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 30, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Boonesboro</b>		23d. LOCATION (City, town, or county) (State) <b>Boonesboro I.O.</b>		
24. FUNERAL DIRECTOR <b>Larkland Hall</b>		ADDRESS <b>New Franklin, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 30, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Walker Audsley</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Tom D. Markland .....

Licensed Embalmer No. 4592 .....  
P. O. Address New Franklin .....

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.