

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043509  
State File No. ....

FILED DEC 22 1958

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs</u> c. LENGTH OF STAY (in this place) <u>6 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>116 Fields Blvd.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>Eldorado Springs</u> <u>0201</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>116 Fields Blvd.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Henderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 16 58</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept. 29 1866</u>		9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Alfred E. Chittim</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Peas</u>		14. NAME OF HUSBAND OR WIFE <u>John S. Henderson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Virginia West Humansville, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4211</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19 <u>P</u> , to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at <u>12:05 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. J. Guinn, Coroner</u>				23b. ADDRESS <u>Eldorado Springs Mo</u>		23c. DATE SIGNED <u>12-17-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vista, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-18-58</u>		REGISTRAR'S SIGNATURE <u>George H. Mages</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home Humansville, Mo.</u>					

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *C. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville,*

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.