

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043551
STATE FILE NUMBER

FILED JAN 8 1959

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 2

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Slay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Slay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Liberty</u> <u>6001</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>118 Lincoln</u>		d. STREET ADDRESS (If outside, give location) <u>118 Lincoln</u>	
Length of stay in 1b <u>years</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LESTER Middle HENDERSON Last HENDERSON

4. DATE OF DEATH Dec 28-58 Month Dec Day 28 Year 58

5. SEX m 6. COLOR OR RACE w 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH Nov. 4-1883 9. AGE (In years last birthday) 75

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signal maintenance

10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Plenton Co. Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Henderson 13b. MOTHER'S MAIDEN NAME Mildred Collins 14. NAME OF HUSBAND OR WIFE Carrie Henderson

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 Carrie Henderson - Liberty, Mo. 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) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis Indefinite
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 19. WAS AUTOPSY PERFORMED? YES NO

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT 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 1938 to 12/28/58 and last saw ^{her} him alive on 12/28/58. Death occurred at 12:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glaucus W. Hunsicker MD 22b. ADDRESS Liberty, Missouri 22c. DATE SIGNED 12-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec 30-58 23c. NAME OF CEMETERY OR CREMATORY New Hope 23d. LOCATION (City, town, or county) (State) Liberty Mo.

24. FUNERAL DIRECTOR Grace - Archer Co. Liberty Mo ADDRESS 1-2-59 25. DATE RECD. BY LOCAL REG. 1-2-59 26. REGISTRAR'S SIGNATURE Mabel Graham

(License or Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

+91
0

6961 8 839



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 *John Laney*

Licensed Embalmer No. *4448*
P. O. Address *Liberty 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.