

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001971  
STATE FILE NUMBER

7157 JAN 26 1959

Registration District No. 178 Primary Registration District No.

Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>KNOX</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Canton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Newark</b>		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 lb <b>2yrs.</b>	d. 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 <b>Ora</b> Middle <b>L.</b> Last <b>Hendren</b>			4. DATE OF DEATH Month <b>January</b> Day <b>10</b> Year <b>1959</b>		
5. SEX <b>Female</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>June 4, 1887</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Newark Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benjamin Snyder</b>		13b. MOTHER'S MAIDEN NAME <b>Mary P. McCarney</b>		14. NAME OF HUSBAND OR WIFE <b>Willis A. Hendren</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -----	17. INFORMANT <b>Mrs. Lonnie Leslie</b> Address <b>Canton, Missouri</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>Cerebral Hemorrhage</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <b>6 hours - 3yrs.</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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>3-16-56</b> to <b>1-10-59</b> and last saw her alive on <b>1-10-59</b> . Death occurred at <b>6:30 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22g. SIGNATURE (Degree or title) <b>Thomas J. Labell, M.D.</b>			22b. ADDRESS <b>Canton, Mo</b>		22c. DATE SIGNED <b>Jan 12-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/12/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newark Cemetery</b>		23d. LOCATION (City, town, or county) <b>Newark, Missouri</b> (State)
24. FUNERAL DIRECTOR <b>Glade J. Labell, M.D.</b> (Licensed Embalmer's Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. <b>12-21-59</b>		26. REGISTRAR'S SIGNATURE <b>P.W. Jennings, M.D.</b> <b>E.L.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 myself, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed J. A. ... Jr.

Licensed Embalmer No. 4328  
P. O. Address ... ..

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.