Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002427
STATE FILE NUMBER

Local Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 12

REC'D FEB 4 1959

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hosp. — Length of stay in 1b Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN LOUISIANA 0821 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 1108 OHIO, ST. (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ELMER Middle C Last HENDERSON
4. DATE OF DEATH Month Jan. Day 28 Year 59
5. SEX M 2
6. COLOR OR RACE NEGRO
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒
8. DATE OF BIRTH OCT 8, 1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (City and state or country) LOUISIANA MO
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME ELLA HENDERSON
13b. MOTHER'S MAIDEN NAME EFFIE THOMAS
14. NAME OF HUSBAND OR WIFE DIVORCED
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. 361 03 1085
17. INFORMANT DOROTHY SHELTON Address MEXICO, MO

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) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 42 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized atherosclerosis — yrs
DUE TO (c) 332XF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) inhalation of natural gas in closed room for 2 hours
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 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.) HOME
20f. CITY, TOWN, OR LOCATION LOUISIANA COUNTY PIKE STATE MO
21. I attended the deceased from 11/10/53, to 1/28/59 and last saw him alive on 1/28/59
Death occurred at 10:08 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John V Middleton (Degree or title) M.D.
22b. ADDRESS 211 S. 3rd St. Louisiana, Mo.
22c. DATE SIGNED 1-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE Jan 31-1959
23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW
23d. LOCATION (City, town, or county) LOUISIANA (State) MO
24. FUNERAL DIRECTOR Sterne Funeral Home ADDRESS LOUISIANA MO
25. DATE RECD. BY LOCAL REG. Feb 2. 1959
26. REGISTRAR'S SIGNATURE Bernice Oliver
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms should 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 J. B. [illegible]

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.