

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006548  
STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 16

300  
-57

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN <i>to rear good townships</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN LINN <i>760</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At His Home		Length of stay in 1b	d. STREET ADDRESS (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 THEODORE RUDOLPH HENDERSON			4. DATE OF DEATH Month Day Year Feb. 28 1959
5. SEX male <i>C</i>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 18 1917
9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days 3 10	IF UNDER 24 HRS. Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy man	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and state or country) Chamois Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Henderson		13b. MOTHER'S MAIDEN NAME Katherine Richardson	14. NAME OF HUSBAND OR WIFE Mabel M. Bender Henderson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes #2		16. SOCIAL SECURITY NO. 491 16 7424	17. INFORMANT Address Mrs T.R. Henderson Linn Mo RD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH Died in sleep
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 <del>was</del> <del>deceased</del> <del>was</del> dead at 8:00 A M. 2-28-59 and last saw her alive on _____ Death occurred at about 4 hrs previous _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clyde Morton</i> Coroner 3		22b. ADDRESS Linn, Mo	22c. DATE SIGNED 3/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/3/1959	23c. NAME OF CEMETERY OR CREMATORY Shirley Cemetery	23d. LOCATION (City, town, or county) Chamois Mo RFD
24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn Mo,	25. DATE RECD. BY LOCAL REG. Mar 6 - 1959	26. REGISTRAR'S SIGNATURE Mrs. F. B. Boushillet

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 20 1958

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 *Vernon M. Morton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Vernon M.* .....

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.