

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025982

FILED VS AUG 11 1959

5782

4324

30-59

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. Registrar's No.

DED

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

3. NAME OF DECEASED (Type or print) First Bert Middle Redman Last Hendricks	4. DATE OF DEATH Month July Day 29 Year 1959
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5. SEX Male	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 11/28/87	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Miller Co. Mo	11. BIRTHPLACE (City and state or country) USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ruben Hendricks	13b. MOTHER'S MAIDEN NAME Mary Snelling	14. NAME OF HUSBAND OR WIFE Bertha Davidson
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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.	17. INFORMANT Bertha Hendricks, Iberia, Rt. 2, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) cerebral hemorrhage	DUE TO (b) cerebral arteriosclerosis	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	Yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour 6:30 a.m. P.M. Month, Day, Year 7/29/59	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 Iberia COUNTY Mo STATE Mo
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21. I attended the deceased from 1940 , to 7/29/59 and last saw him alive on 7/18/59 Death occurred at 6:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) W.M.A. Gould D.D.	22b. ADDRESS Iberia Mo	22c. DATE SIGNED 8/1/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/1/59	23c. NAME OF CEMETERY OR CREMATORY Wilson	23d. LOCATION (City, town, or county) (State) Iberia, Mo
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25. DATE RECD. BY LOCAL REG. 8-3-59	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach
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Funeral Director's Name and Address Walter Hedges Hedges Funeral Homes Inc Iberia, Mo	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waynesville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.