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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-028301

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 383

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Lucy Lee Hospital — Length of stay in Ib: 6 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: Doniphan — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 106 Summitt — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Last: Henderson

4. DATE OF DEATH: Month: August Day: 16 Year: 1959

5. SEX: Male 6. COLOR OR RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 10, 1883 9. AGE (In years last birthday): 76 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): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Napoleon, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James Henry Henderson
13b. MOTHER'S MAIDEN NAME: Rosetta Burgess
14. NAME OF HUSBAND OR WIFE: Ada Hopkins Henderson

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.: 702-16-4946
17. INFORMANT: Ada Henderson Address: 106 Summitt Doniphan, 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) Congestive heart failure and pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 7 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — Acute
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4261
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/15/59, to 8/16/59 and last saw him alive on 8/16/59
Death occurred at 2:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. L. May M.D. (Degree or title) A. L. May M.D., F.A.C.S.
22b. ADDRESS: 330 N. 2nd St.-Poplar Bluff, Mo.
22c. DATE SIGNED: 8/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-18-59
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemt
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR: Edwards Funeral Home ADDRESS: Doniphan, Mo.
25. DATE REC'D BY LOCAL REG.: 8/20/59
26. REGISTRAR'S SIGNATURE: [illegible]

(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 will be listed. All diseases in Part I must be causally related.

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BUTLER CO. HEALTH CENTER

FILE No.

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 Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.