

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031936

FILED VS OCT 6 1959

Registration District No. 13 Primary Registration District No. 4185 Registrar's No. 20

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair, Mo.		Length of stay in lb		c. CITY OR TOWN St. Clair,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle E. Last Henderson.				4. DATE OF DEATH Month Oct. Day 1, Year 1959					
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 Sept. 7, 1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months 23 Days 23 Hours Min. 	IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man			10b. KIND OF BUSINESS OR INDUSTRY Prisco Railroad		11. BIRTHPLACE (City and state or country) Robertsville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Edward Henderson			13b. MOTHER'S MAIDEN NAME Flornce Henderson Johnston			14. NAME OF HUSBAND OR WIFE Emma			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none			16. SOCIAL SECURITY NO. 703-01-3685		17. INFORMANT Address Emma Henderson St. Clair, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (CARCINOMATOSIS) - URAMIA TERMINAL 10 DAYS DUE TO (b) CA OR STOMACH DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
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 checked="" 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.)					
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 							
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 attended the deceased from MAR 1959 to DEATH and last saw her/him alive on 10-1-59 Death occurred at 9:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John J. Pearl, MD (Degree or title)				22b. ADDRESS St Clair, Mo				22c. DATE SIGNED	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE Oct. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery		23d. LOCATION (City, town, or county) (State) Robertsville, Missouri					
24. FUNERAL DIRECTOR ADDRESS Sherwood W. Kitchell St. Clair, Mo.				25. DATE RECD. BY LOCAL REG. Oct 3-59		25. REGISTRAR'S SIGNATURE Charley Smith			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 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 _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sherwood W. Kitchell

Licensed Embalmer No. 387

O. Address St Clair

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.