

**URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039760**

**FILED VS NOV 16 1959**

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 3022 Registrar's No. 138

ENDED

1. PLACE OF DEATH a. COUNTY <b>HARRISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HARRISON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BETHANY</b>		c. CITY OR TOWN <b>BETHANY</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>517 S. 20th</b>		d. STREET ADDRESS (If outside, give location) <b>517 S. 20th</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <b>ELIZABETH</b>	Middle <b>SUSAN</b>	Last <b>HENDREN</b>	4. DATE OF DEATH <b>Nov. 9, 1959</b>
	Month	Day	Year	

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-82</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>5</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (City and state or country) <b>HARRISON CO., MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>
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13a. FATHER'S NAME <b>SAMUEL H. HEFNER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MILLIGAN</b>	14. NAME OF HUSBAND OR WIFE <b>OLIVER C. HENDREN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>489-36-0422</b>	17. INFORMANT <b>GARVIN HENDREN, BETHANY, MO.</b>
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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: IMMEDIATE CAUSE (a) <b>Acute Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Hypertension</b> DUE TO (b) <b>per. yps.</b> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <b>12 hr</b>
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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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from 12/9/55 to 11/9/59 and last saw her/him alive on 11/9/59  
Death occurred at 11/9/59 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Signed or title) <b>[Signature]</b>	22b. ADDRESS <b>BETHANY, MISSOURI</b>	22c. DATE SIGNED <b>11-11-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/11/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MORRIS CHAPEL</b>	23d. LOCATION (City, town, or county) (State) <b>BETHANY, MO.</b>
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24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Bethany Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-11-1959</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 MB Haas

Licensed Embalmer No. 3899

P.O. Address Bethany, W

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.