

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

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STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3551 Registrar's No. 3

ENDED

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

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES PHILLIP HENDY			4. DATE OF DEATH Month Day Year 12-28-59		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1872	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) ENGLAND	12. CITIZEN OF WHAT COUNTRY BRITISH SUB.	
13a. FATHER'S NAME WILLIAM HENDY		13b. MOTHER'S MAIDEN NAME MARY ?		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT Address MRS. F. M. DREW, MTN. GROVE, MO		

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) Burned to Death		
DUE TO (b) _____		
DUE TO (c) Trapped In Burning Home		
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 checked="" 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.) Trapped in Burning Home
20c. TIME OF INJURY Hour a.m. p.m. 4 12-28-59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Brandsville	COUNTY Howell	STATE Mo.
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21. I attended the deceased from _____ and last saw her alive on _____
Death occurred at **ABOUT 4:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. J. Duncan Coroner</i>	(Degree or title)	22b. ADDRESS <i>121 E. 1st St. Mo.</i>	22c. DATE SIGNED 1-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) R	23b. DATE 12-28-59	23c. NAME OF CEMETERY OR CREMATORY DECKERVILLE, MICH	23d. LOCATION (City, town, or county) (State) DECKERVILLE, MICH

24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-6-60	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>
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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 not} ~~was~~ embalmed by me
or by A. A. Robertson, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3424

P. O. Address _____

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.