

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000104

FILED VS. JAN 22 1960 / 3

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 50623 Registrar's No. _____

DED

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry					
b. CITY (If outside corporate limits, give TOWNSHIP only) Purdy Township		Length of stay in lb 66 Years		c. CITY OR TOWN Purdy, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 1 Purdy, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS R.F.D. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Plesent Ruben Henderson				4. DATE OF DEATH Month Day Year Jan. 10, 1960					
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"/>		9. AGE (last birthday) 88		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 9 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Barry Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Francis Marion Henderson			13b. MOTHER'S MAIDEN NAME Martha A. Fly			14. NAME OF HUSBAND OR WIFE Emma Henderson			
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. None		17. INFORMANT Address Mrs. P. B. Henderson R.F.D.1 Purdy,				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 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 12-1-58 to 1-10-60 and last saw her/him alive on 1-9-60 Death occurred at 9:45A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Frank B. Ken MD</i> (Degree or title)				22b. ADDRESS <i>Monett Mo</i>			22c. DATE SIGNED 1-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-12-1960		23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) R.F.D. 1 Purdy, Mo.			
24. FUNERAL DIRECTOR Mercer Funeral Home Monett, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 1-20-60		26. REGISTRAR'S SIGNATURE <i>ma P. Cook</i>			

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

Student _____
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo

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