

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002776

FILED VS. FEB 8 1960

274

Primary Registration District No. 3052

Registrar's No. 54

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SEDALIA</u>		Length of stay in 1b <u>1 DAY</u>		c. CITY OR TOWN <u>EAST WILLIAMS TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOTHWELL HOSP.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RR-1 LINCOLN</u>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>HENDERSON</u> Last				4. DATE OF DEATH Month <u>FEB.</u> Day <u>4</u> Year <u>1960</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>APRIL 15 1897</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILK INDUSTRY</u>		9. AGE (last birthday) <u>72</u>		11. BIRTHPLACE (City and state or country) <u>KEARNEY MO. U.S.A.</u>	
13a. FATHER'S NAME <u>ARMSTEAD HENDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>NEVEDA WAGGY</u>		14. NAME OF HUSBAND OR WIFE <u>LOU REA HENDERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-01-5648</u>		17. INFORMANT Address <u>LOU REA HENDERSON LINCOLN MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> 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						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>immediate</u> <u>immediate</u>	
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 <u>          </u> a.m. / p.m. Month, Day, Year <u>          </u>		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 <u>9-30-57</u> to <u>2-4-60</u> and last saw <sup>her</sup> him alive on <u>2-4-60</u> Death occurred at <u>2-4-60 8-P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John P. Stover</u> (Name or title)				22b. ADDRESS <u>Cole Camp Mo</u>		22c. DATE SIGNED <u>2-6-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB. 8 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
24. FUNERAL DIRECTOR <u>J. H. Stover</u>		ADDRESS <u>Stover MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2/6/1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 29 1960

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

*J. H. Stevenson*

Licensed Embalmer No.

4073

P. O. Address

*Lower M*

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.

MAR 29 1960