

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

60-003057

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 6

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 10 Mos. 16 das.	c. CITY OR TOWN Kennett Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Whitney St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SARAH Middle ELIZABETH Last HENDERSON			4. DATE OF DEATH Month Jan. Day 1, Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4, 1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 28	IF UNDER 24 HR Hours 28 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wayne County, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James William Boling		13b. MOTHER'S MAIDEN NAME Ruth Adeline Morgan		14. NAME OF HUSBAND OR WIFE Harry Franklin 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. Unknown	17. INFORMANT Records, State Hospital No. 4, Farmington, Mo.	Address
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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) Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 4 d. 15
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cause unknown. DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of hip 11-15-59		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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.) Slipped and fell on mental hospital ward.
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20c. TIME OF INJURY Hour 10:35 A.M. Month, Day, Year 11-15-59.

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.) Mental hospital ward.	20f. CITY, TOWN, OR LOCATION St. Francois Twp.	COUNTY St. Francois	STATE Mo.
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21. I attended the deceased from 11-15-59 , to 1-1-60 and last saw him/her alive on Jan. 1, 1960	
Death occurred at 3:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Farmington, Mo.	22c. DATE SIGNED 1-7-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-1960	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Kennett, Mo.
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24. FUNERAL DIRECTOR Lentz Service, Kennett, Mo.	25. DATE RECD. BY LOCAL REG. Jan 7, 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</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 embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

C. H. Cozeman

Licensed Embalmer No. _____

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P. O. Address _____

Jersey City

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.