

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011531

FILED VS MAR 29 1960

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5580 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twin Groves Township		c. CITY OR TOWN Waco, Mo.	
Length of stay in lb 57 yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home - Waco		d. STREET ADDRESS (If outside, give location) None	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE BENJAMIN HENDRY			4. DATE OF DEATH 3-15-1960
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"/>	8. DATE OF BIRTH 12-30-1901
		9. AGE (last birthday) 58	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker		10b. KIND OF BUSINESS OR INDUSTRY General Steel	11. BIRTHPLACE (City and state or country) Neck City, Mo.
		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME No Data		13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE Willa Hendry
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. 441-05-5571	17. INFORMANT Address Willa Hendry Waco, 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) Coronary Occlusion Total			Unknown
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dropped dead at home			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 Month, Day, Year a.m. p.m.			
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 _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wendell M. Brown, M.D.</i>		22b. ADDRESS <i>Med Arts Bldg, Jpm</i>	22c. DATE SIGNED 3-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-18-60	23c. NAME OF CEMETERY OR CREMATORY Waco Cemetery	23d. LOCATION (City, town, or county) (State) Waco, Mo.
24. FUNERAL DIRECTOR ADDRESS Don Roney, Carl Junction, Mo.		25. DATE RECD. BY LOCAL REG. 3-21-60	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 9 1960

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo.

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