URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2143 STATE FILE NUMBER 60-015383

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 35 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1817 Independence — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Kate Middle Ethelyn Last Hendren
4. DATE OF DEATH Month April Day 16 Year 1960
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH 7-7-86
9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY Pharmacy
11. BIRTHPLACE (City and state or country) Polo, Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME John O. Hendren
13b. MOTHER'S MAIDEN NAME Anna M. Dickenson
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-07-2810
17. INFORMANT Mrs. J. Estes, Address Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 20 yr, to and last saw her/him alive on 4-16-60
Death occurred at 9:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn W. Hendren MD
22b. ADDRESS Liberty, Mo
22c. DATE SIGNED 4-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-17-60
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Polo Missouri

24. FUNERAL DIRECTOR Alspaugh Funeral Home, ADDRESS Polo Mo
25. DATE RECD. BY LOCAL REG. 4-17-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Glenn W. Hendren MEDICAL CERTIFICATION DOCUMENT

NOV 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John R. Sidne

Signature of Student Embalmer

Licensed Embalmer No. 4531

P. O. Address Kansas City

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