

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026904

FILED VS JUL 27 1960

149

Primary Registration District No. 1002

Registrar's No. 3679

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson</i>		Length of stay in 1b		c. CITY OR TOWN <i>Jackson</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>10 E 40th Street</i>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>GERTRUDE L. HENDERSON</i>				4. DATE OF DEATH Month Day Year <i>7-14-60</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-8-85</i>		
9. AGE (last birthday) <i>85</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>		IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>				
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>Lewis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Triplett</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>			14. NAME OF HUSBAND OR WIFE <i>William R. Henderson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Franklin Henderson</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Probable, Cerebral Vascular Accident</i> DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH		
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20a. 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 <i>7-13-60</i> to <i>7-14-60</i> and last saw her alive on <i>7-14-60</i> Death occurred at <i>4:50 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H. Dwyer</i> (Degree or title) <i>MD</i>				22b. ADDRESS <i>2400 Perry, K.C. Mo</i>		22c. DATE SIGNED <i>7/15/60</i>		
23. BURIAL, CREMATION, REMOVAL (specify) <i>Burial</i>		23b. DATE <i>7-16-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Prairie Can. Oak Grove</i>		23d. LOCATION (City, town, or county) (state) <i>Mo.</i>		
24. FUNERAL DIRECTOR <i>Roland R. Speaks</i>			ADDRESS <i>Indep. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7-15-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. 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.