

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 2 1960 391
 ENDED

Registration District No. 391 Primary Registration District No. 4504 Registrar's No. 37

-60-040765
 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pike twm.		Length of stay in 1b yrs. 4		c. CITY OR TOWN Bell City,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DORA Middle LEAH Last HENDERSON				4. DATE OF DEATH Month Oct. Day 5, Year 1960					
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Apr. 10-84	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	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) Stoddard co., Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Jesse Grayum			13b. MOTHER'S MAIDEN NAME Susan Cooper			14. NAME OF HUSBAND OR WIFE C.A. Henderson, Decd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If yes, give war or dates of service) ---			16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Mrs. Dale Shumaker, Bell 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) Hemorrhage, cerebral DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 days		
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 _____ a.m. _____ p.m.		Month, Day, Year _____							
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 1950 to 10-5-60 and last saw her ^{her} alive on 10-4-60 Death occurred at 2:45 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE G. J. Walter MD (Degree or title)				22b. ADDRESS Secretary MO				22c. DATE SIGNED 10-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park		23d. LOCATION (City, town, or county) Advance, Missouri		(State)		
24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO. ADDRESS				25. DATE RECD. BY LOCAL REG. 10/24/60		26. REGISTRAR'S SIGNATURE Bessie Mae			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OBBY & AON SA

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 & Lulu Cooper # 3499 ~~XXXXXX~~ No.

~~XXXXXX~~

Student _____
Signature of Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, M

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, it should be so stated above.