

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041246

FILED VS DEC 6 1960 47

Registration District No. _____ Primary Registration District No. 5160 Registrar's No. 318

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Calwood Twp</u>		Length of stay in lb <u>Nil</u>	c. CITY OR TOWN <u>Brentwood</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Mi E. Kingdom City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2312 High School Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Edward</u> Last <u>Hendrix</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1960</u>	
--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/14/05</u>	9. AGE (last birthday) <u>55</u>	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) <u>Salesman for Mercury</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate Co Inc.</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>Ralph Hendrix</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT <u>Mittelberg F. Home Webster Grove</u>	Address
---	---------------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, probably</u> <u>Coronary Occlusion, according to the</u> <u>investigation made by Coroner, Denzil C. Browning</u> <u>and A. F. Montgomery M.D. of</u> <u>Clayton, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH
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. <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.) <u>was dead when found after his car ran</u>
---	---	--

20c. TIME OF INJURY <u>Approx 12.50 P.M.</u>	Month, Day, Year <u>11/29/60</u>	<u>off road up slight embankment</u>
---	-------------------------------------	--------------------------------------

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.) <u>6 Mi E. Kingdom City</u>	20f. CITY, TOWN, OR LOCATION <u>Calwood Twp</u>	COUNTY <u>Callaway</u>	STATE <u>Mo</u>
---	---	--	---------------------------	--------------------

21. I attended the deceased from Approx 12.50 P.M. to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Maretha Lawrence, Registrar</u>	22b. ADDRESS <u>Sulton, Mo</u>	22c. DATE SIGNED <u>Nov. 30-1960</u>
--	-----------------------------------	---

23a. BURIAL, CREMATION, OR OTHER (Specify) <u>Burial</u>	23b. DATE <u>Dec, 2, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Spring Hill Kansas</u>
---	----------------------------------	---	--

24. FUNERAL DIRECTOR <u>Mittelberg Funeral Home</u> Address <u>Webster Groves, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 30-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
--	---	--

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 Denzil E Browning

Licensed Embalmer No. 2724

P. O. Address Hullon, Md

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.