

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041551

FILED VS NOV 28 1960

115-116 Primary Registration District No. 3020 Registrar's No. 256

STATE FILE NUMBER

INDEXED

12/13/60

Alice Pursley

Alice Hendricks

14

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 7 days		c. CITY OR TOWN Pensacola		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5976 Pursley Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arthur Middle E. Last Hendricks			4. DATE OF DEATH Month Nov. Day 21 Year 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 Aug. 21, 1935	9. AGE (last birthday) 26 ²⁵	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Const		11. BIRTHPLACE (City and state or country) Robertsville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Hendricks			13b. MOTHER'S MAIDEN NAME Ruth Pursley		14. NAME OF HUSBAND OR WIFE Alice Pursley Hendricks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1957		16. SOCIAL SECURITY NO. 492 36 6175		17. INFORMANT Address Jos. Hendricks Pensacola, Florida			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEVERE MID BRAIN INJURY						INTERVAL BETWEEN ONSET AND DEATH 1 WK	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRAIN LACERATIONS, CEREBRAL HEMORRHAGE (TERRIBLE) + SAUVE COMMOSSION						1 WK	
DUE TO (c) TRAUMA FROM AUTO ACCIDENT						1 WK.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SPINAL COMMUNION - SHORTLY AFTER DISPLACED FRACTURE OR				PART III. If deceased was female was there a pregnancy in last 90 days. LOWER 1/3 LRET FEMUR		<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 checked="" 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.) AUTO ACCIDENT				
20c. TIME OF INJURY Hour 6:30 a.m. p.m. Month, Day, Year 11-14-60	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 ACCIDENT to 11-21-60 and last saw ^{her} him alive on 11-21-60 Death occurred at 10:30 p on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John F. Paul, M.D.				22b. ADDRESS St Clair, Mo			22c. DATE SIGNED 11-22-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/24/60	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Grubville, Mo.			
24. FUNERAL DIRECTOR ADDRESS Casey Lenox St. Clair, Mo.			25. DATE REG. BY LOCAL REG. 11/25/60		26. REGISTRAR'S SIGNATURE J.P. Hubmann		

NOV 29 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: *H. M. Leroy*

Licensed Embalmer No. 3601

P. O. Address: St. Clair, Mich.

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