ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-014772
STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 76

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY RANDOLPH
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY — Length of stay in 1b 8 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSPITAL — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Middle Last: THOMAS EDWARD HENDRICKS
4. DATE OF DEATH Month Day Year: APRIL 14 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: NOV. 11, 1874
9. AGE (last birthday): 86 — IF UNDER 1 YEAR Months 5 Days 3 — IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SAW MILL OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: SAW MILL
11. BIRTHPLACE (City and state or country): MONROE CO. MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: THOMAS HENDRICKS
13b. MOTHER'S MAIDEN NAME: U.K — RITCHIE
14. NAME OF HUSBAND OR WIFE: SARAH E. HENDRICKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
17. INFORMANT: SARAH E. HENDRICKS — Address: SANTA FE 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) Myocardial Failure
DUE TO (b) Arteriosclerotic Heart Disease 3 yrs.
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): Prostatic Hypertrophy c̄ aat E retention
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 April 13-61, to April 14-61 and last saw him alive on April 14-61
Death occurred at 10 05 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Hendricks E. Mo
22b. ADDRESS: Moberly Mo
22c. DATE SIGNED: 4/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APR 16, 1961
23c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
23d. LOCATION (City, town, or county) (State): PARIS, MO.

24. FUNERAL DIRECTOR: E. H. AGNEW — ADDRESS: PARIS, MO.
25. DATE RECD. BY LOCAL REG.: 4-16-61
26. REGISTRAR'S SIGNATURE: Leah W. Lowe

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.