

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017997

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 104

FILED MAY 17 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u>	
Length of stay in lb <u>20 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>		d. STREET ADDRESS (If outside, give location) <u>617 Case St</u>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>MURRAY</u> Last <u>HENDERSON</u>		4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1961</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>1-29-99</u>
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>utility company</u>	
11. BIRTHPLACE (City and state or country) <u>Pettis County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William B. Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia McKenzie</u>	
14. NAME OF HUSBAND OR WIFE <u>Henderson</u>		Address <u>Carthage</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>	
17. INFORMANT <u>Mrs. W.M. Henderson, 617 Case, Mo</u>		Address <u>Carthage</u>	
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>Skull fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
DUE TO (b) <u>Injury by fall</u>			
DUE TO (c) <u>Electrical shock</u>			
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 checked="" type="checkbox"/> NO <input 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.) <u>working on utility pole - came in contact with 2400 volt line and fell 30 feet</u>	
20c. TIME OF INJURY Hour <u>5:15</u> ^{PM} Month, Day, Year <u>5-7-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>utility pole</u>		20f. CITY, TOWN, OR LOCATION <u>Carthage</u> COUNTY <u>Jasper</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>5-7-61</u> to <u>5-9-61</u> and last saw her/him alive on <u>5-9-61</u> Death occurred at <u>9:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>1515 Hazel, Carthage, Mo</u>	
22c. DATE SIGNED <u>5-9-61</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5-11-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Carthage, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Knell Mortuary, Carthage, Mo</u>		ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>5-9-61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

MAY 17

MAY 23 1961

NOV 16 1961

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.