

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. \_\_\_\_\_ Registrar's No. 97

AMENDED

FILED JUL 31 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>HARRISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HARRISON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL SHERMAN TWP.</b>		Length of stay in 1b	c. CITY OR TOWN <b>RURAL SHERMAN TWP.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NO</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>BETHANY RFD</b>
3. NAME OF DECEASED (Type or print) First <b>IRA</b> Middle <b>HENDREN</b> Last		4. DATE OF DEATH Month <b>JULY</b> Day <b>24</b> Year <b>1961</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-26-1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXX</b>	9. AGE (last birthday) <b>57</b>
11. BIRTHPLACE (City and state or country) <b>HARRISON COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Joseph L. Hendren</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Bird</b>	14. NAME OF HUSBAND OR WIFE <b>VERNA HENDREN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>VERNA HENDREN BETHANY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>GUN SHOT WOUND</b>			INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
DUE TO (b) <b>DISPONDANCY</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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>12 Ga Shotgun through heart</b>	
20c. TIME OF INJURY Hour <b>10:15</b> a.m. Month, Day, Year <b>7/24/61</b>		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.) <b>ON FARM</b>		20f. CITY, TOWN, OR LOCATION <b>BETHANY (SHERMAN TWP)</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:15 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In full name or title) <b>Asa [Signature]</b> Coroner D.O.		22b. ADDRESS <b>Bethany, Mo.</b>	
22c. DATE SIGNED <b>7-25-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7/27/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>	23d. LOCATION (City, town, or county) (State) <b>Bethany, Mo.</b>
24. FUNERAL DIRECTOR <b>[Signature]</b>		25. DATE RECD. BY LOCAL REG. <b>7-26-1961</b>	
ADDRESS <b>Bethany, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

AUG 17 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

*M B Haas*

Licensed Embalmer No.

*3899*

P. O. Address

*Bethany, Va*

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.