

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029903

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 114

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY <b>JEFF.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>FESTUS</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFF. MEM. HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>203 GLASS ST.</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>HESTER</b> Middle <b>A.</b> Last <b>HENDERSON</b>			4. DATE OF DEATH Month <b>Septem</b> Day <b>3</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</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>3-22-84</b>	9. AGE (last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>VALLEY MINES, MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>THOMAS SMITH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MURPHY</b>	
14. NAME OF HUSBAND OR WIFE <b>CLEMMIE HENDERSON</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>		16. SOCIAL SECURITY NO. <b>---</b>	
17. INFORMANT <b>CLEMMIE HENDERSON</b>		Address <b>FESTUS, MO.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Bilateral Pneumonia</u>			<u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Crushed Chest</u>			<u>10 days</u>
DUE TO (c) <u>Auto accident</u>			<u>10 days</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	
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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>Automobile Accident</u>	
20c. TIME OF INJURY Hour <u>X</u> Month, Day, Year <u>25 Aug 61</u> a.m. p.m.			
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.)	20f. CITY, TOWN, OR LOCATION <b>FESTUS, MO.</b>	COUNTY STATE

21. I attended the deceased from 25 Aug 61 and last saw her alive on 2 Sept 1961  
 Death occurred at Seperan Memorial on 12:20 a.m. Sept 3 1961 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Walter T. Judy M.D.</u>		22b. ADDRESS <u>Box 273 Crystal City Mo</u>		22c. DATE SIGNED <u>8/Sept/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>9-7-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. ZION</b>
23d. LOCATION (City, town, or county) <b>FESTUS, MO.</b>		24. FUNERAL DIRECTOR <b>GENTRY R. POLITE CRYSTALTY, MO.</b>		
25. DATE RECD. BY LOCAL REG. <b>9-5-61</b>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geoffrey R. Politt

Licensed Embalmer No. 3441

P. O. Address Orizaba

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.