

# SOUTH DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045426

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5648 Registrar's No. 122

AMENDED

FILED DEC 22 1961

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant</u>		Length of stay in 1b <u>14 years</u>	c. CITY OR TOWN <u>Pierce City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mile N W Pierce City</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>5 mile N W Pierce City</u>	
3. NAME OF DECEASED (Type or print) First <u>Claude</u> Middle <u>Ellis</u> Last <u>Hendricks</u>			4. DATE OF DEATH Month <u>12</u> Day <u>10</u> Year <u>1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</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>3-24-1904</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>76</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Republic, Mo.</u>	
13a. FATHER'S NAME <u>Marcus Hendricks</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			17. INFORMANT <u>Shirley Hendricks</u> Address <u>Springfield, Mo.</u>		
14. NAME OF HUSBAND OR WIFE <u>Zelpha Loretta Hendricks</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>Presumed to be (Natural Causes)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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	
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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 (Item 18). <u>Investigated by Edwin Wilks Coroner of Lawrence County</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____		
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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Roy Wynne</u> (Degree or title) <u>Registrar</u>	22b. ADDRESS <u>Mt. Vernon, Mo.</u>	22c. DATE SIGNED <u>12-14-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-13-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kerr Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Republic, MO.</u>
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24. FUNERAL DIRECTOR <u>Wilks Bros. Pierce City, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Roy Wynne</u>
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(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Edwin Wilks

Licensed Embalmer No. 4131  
P. O. Address Peru City, Ind.

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.