MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-011873
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 54

FILED APR 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Easley Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: Easley Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): North of Elmer
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Roy Middle: Last: Henderson
4. DATE OF DEATH: Month: March Day: 31 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 19 1885
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months 8 Days 12
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Macon County Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: A. J. Henderson
13b. MOTHER'S MAIDEN NAME: Martha Whitmore
14. NAME OF HUSBAND OR WIFE: Minnie Hendreson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs, Mennie Henderson Address: Elmer Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 48 Hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac Cryptogenic + Hypertension - Cardiac enlargement
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 5-6-1952 to 3-31-62 and last saw him alive on 3-31-62
Death occurred at 6-30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. L. Woodward (Degree or title)
22b. ADDRESS: Atlanta Mo
22c. DATE SIGNED: 4-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apeil 2 1962
23c. NAME OF CEMETERY OR CREMATORY: Elmer
23d. LOCATION (City, town, or county) (State): Macon County Missouri

24. FUNERAL DIRECTOR: H H McCallum ADDRESS: South Gifford Mo
25. DATE REC'D. BY LOCAL REG.: 4/4/62
26. REGISTRAR'S SIGNATURE: Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1962

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 W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.