

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023696

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 3130 Registrar's No. 95

FILED JUN 26 1962

VS 300
Rev. 4/59

10506

30506

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12 90.0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS		Length of stay in 1b	c. CITY OR TOWN FESTUS, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 N. ADAM ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 319 N. ADAM ST.

3. NAME OF DECEASED (Type or print) First MARY Middle LOUISE Last HENDERSON			4. DATE OF DEATH Month JUNE Day 22 Year 1962			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-08	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME MAKER	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME ROBERT L. VINYARD	13b. MOTHER'S MAIDEN NAME CORA MARY CRUMP	14. NAME OF HUSBAND OR WIFE EARL I. HENDERSON	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT MR. EARL I. HENDERSON, FESTUS, MO	Address 319 N. ADAM ST.
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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) SARCOMA PELVIC (UTERUS Primary)		3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) PULMONARY METASTASIS		3 months
DUE TO (c) VISCERAL METASTASIS		
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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 JUNE 10 to JUNE 22/62 and last saw her/him alive on JUNE 22 '62
Death occurred at Festus Mo 10³⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harry Jockett M.D.</i>	(Degree or title)	22b. ADDRESS Festus Mo	22c. DATE SIGNED 6/23/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-25-62	23c. NAME OF CEMETERY OR CREMATORY SACRED HEART	23d. LOCATION (City, town, or county) CRYSTAL CITY MISSOURI
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24. FUNERAL DIRECTOR James R. Cady	ADDRESS Crystal City, Mo.	25. DATE RECD. BY LOCAL REG. 6/23/62	26. REGISTRAR'S SIGNATURE <i>Paul G. [Signature]</i>
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USE BLACK INK OR TYPEWRITER RIBBON

JUN 28 1962

[Handwritten signature]

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 *James Richard Cady* _____

Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.