

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037643

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 627

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0109  
2 0147  
3  
4 2  
5 0  
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7 0  
8 1  
9 581.0  
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11  
12 2-0  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>14 Days</u>	c. CITY OR TOWN <u>Fulton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Mo. Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>419 NW 8th</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Kenneth Larson Henderson</u>			4. DATE OF DEATH Month Day Year <u>11-3-62</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>NGRO</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-08</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>54</u>
13a. FATHER'S NAME <u>CARTER Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Bennett</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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 Address <u>University of Mo. Medical Records</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>Cessation of Respire and heartbeat.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hepatic coma</u>			<u>10 days +.</u>
DUE TO (c) <u>Cirrhosis of the liver, severe.</u>			<u>3 yrs +.</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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>11-1-62</u> to <u>11-3-62</u> and last saw her/him alive on <u>11-3-62</u> Death occurred at <u>5:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>John Mc Laird M.D.</u>		22b. ADDRESS <u>Mo. Univ. Med. Center</u>	22c. DATE SIGNED <u>11-3-62</u>
23a. BURIAL, CREMATION, RECOVERY (Specify) <u>Removal</u>	23b. DATE <u>11/3/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AuxVada Cem AuxVada Mo</u>	23d. LOCATION (City, town, or county) <u>Fulton Missouri</u>
24. FUNERAL DIRECTOR <u>Georgette Green</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 5 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1962

NOV 26 1962

STATEMENT BY LICENSED EMBALMER

0-2

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Dutton, Miss

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.