

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000656

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 4086 Registrar's No. 12

STATE FILE NUMBER

FILED FEB 14 1963

VS 300
Rev. 4/59

6170
26170

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Tina,		c. CITY OR TOWN Tina,	
Length of stay in 1b 30 years		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION RR Crossing South Tina		d. STREET ADDRESS North part town.	
3. NAME OF DECEASED (Type or print) RECTOR A HENDERSON		4. DATE OF DEATH Feb. 4th, 1963	
5. SEX M	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 5/19/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 62
11. BIRTHPLACE (City and state or country) Bogard, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm. M. Henderson		13b. MOTHER'S MAIDEN NAME Martha Ann Baird.	
14. NAME OF HUSBAND OR WIFE Claudine Henderson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
no		no	
16. SOCIAL SECURITY NO. 86		17. INFORMANT Address Mrs Claudine Henderson Tina, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES AND INTERNAL INJURIES. TOP OF SKULL DECAPPED DUE TO (b) AUTO TRAIN ACCIDENT DUE TO (c) Auto Train Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last).			INTERVAL BETWEEN ONSET AND DEATH Immediate
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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRAIN HIT CAR AT CROSSING.	
20c. TIME OF INJURY 1:00 P.M. 2-4-63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) STATE HIGHWAY AT GORNER CREEK	20f. CITY, TOWN, OR LOCATION COUNTY STATE TINA, CARROLL, MO
21. I attended the deceased from 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carroll Carroll		22b. ADDRESS 10th 9th St. Carrollton, Mo.	
22c. DATE SIGNED 2/6/63		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/6/1963	23c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	23d. LOCATION (City, town, or county) Bogard, Missouri.
24. FUNERAL DIRECTOR Clifford W. Austin F-H Tina, Mo.		25. DATE RECD. BY LOCAL REG. 2-16-63	26. REGISTRAR'S SIGNATURE Mary Deaw

