

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2016

FILED FEB 11 1950

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 5, Boonville St. Road				d. STREET ADDRESS (If rural, give location) Rt. 5, Boonville St. Road			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) SHULL		c. (Last) HENDERSON		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1895	
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months 8 Days 9		11. IF UNDER 10 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home-making		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Shull		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Leslie W. Henderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME SON ADDRESS Charles Bryant, Spring Fork, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Haemorrhage result of opening both jugular carotids</i> ANTECEDENT CAUSES <i>As a result of a knife wound</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH E9K2X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia, Pettis, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 31, '50 9:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Wounded throat cut with butcher knife.</i>			
22. I hereby certify that I viewed the deceased <i>as</i> coroner <i>Pettis County</i> , <i>Mo.</i> , and that death occurred at <i>9:30 pm</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Chas Gordon</i>		23b. ADDRESS <i>Pettis Co. Mo.</i>		23c. DATE SIGNED <i>2-3-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/3/50		24c. NAME OF CEMETERY OR CREMATORY Abell Cemetery		24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.	
DATE REC'D BY LOCAL REG. 2/3/50		REGISTRAR'S SIGNATURE <i>Betty Yeager Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. C. Young</i>		ADDRESS Sedalia, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 6

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-50

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

Student Embalmer

Signed

D. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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 this body is not embalmed, fact should be so stated above.