

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11675

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5507		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>					
b. CITY OR TOWN <u>DAVIS TWP</u>		c. LENGTH OF STAY (in this place) <u>48</u>		c. CITY OR TOWN <u>CLINTON</u>		d. STREET ADDRESS (If rural, give location) <u>DAVIS TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HIS HOME (Paducah Mo)</u>				4. DATE OF DEATH <u>APRIL 16, 1955</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>LOUIS</u>		c. (Last) <u>HENDRICH</u>		5. SEX <u>MALE</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 18, 1906</u>		9. AGE (in years) <u>48</u> if UNDER 1 YEAR last birthday Months <u>4</u> Days <u>0</u> Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>LOUIS J. HENDRICH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA F. MERTZEL</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. RONDA HENDRICH</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert L. Hendrich</u> ADDRESS <u>Clinton MO</u>					
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) <u>strangulation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION. <u>E974X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, or HOMICIDE (Specify) <u>strangulation by hanging</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Henry Co</u> (COUNTY) <u>MO.</u> (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hanging</u>					
22. I hereby certify that I attended the deceased from _____ 19____ to <u>4-18</u> , 1955, that I last saw the deceased alive on <u>2-27</u> , 1955, and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. J. Powell, coroner MO.</u>				23b. ADDRESS <u>Clinton MO</u>		23c. DATE SIGNED <u>4-20-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 20, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, MO</u>			
DATE REC'D BY LOCAL REG. <u>April-20-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. Gausant</u> ADDRESS <u>Clinton, MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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 W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.