

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36666

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Clinton</i>	c. LENGTH OF STAY (in this place) <i>3 1/2 wks</i>	c. CITY OR TOWN <i>Clinton</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Clinton Gen. Hosp.</i>		STREET ADDRESS (If rural, give location) <i>221 N. Washington</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Louis</i> b. (Middle) <i>J</i> c. (Last) <i>HENDRICH</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 25 1955</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar 7 1871</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 4 HRS. <i>84 8 18</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Fredrich Hendrich</i>	13b. MOTHER'S MAIDEN NAME <i>Marie Detmold</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>	16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Lynn Howell Clinton Mo</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary thrombosis</i> DUE TO (c) <i>4201</i>		<i>2 1/2 days</i>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arterio-sclerotic heart disease</i>		<i>5 years</i>

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <i>Nov 25 1955</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Nov 25*, 1955, to *Nov 25*, 1955, that I last saw the deceased alive on *Nov 25*, 1955, and that death occurred at *11:47 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>S. B. Hughes</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Clinton, Mo.</i>	23c. DATE SIGNED <i>11/25/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11/28/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>	24d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>
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DATE REC'D BY LOCAL REG. <i>11-26-55</i>	REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	521- <i>521-</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>F. Schaberg Clinton Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC-105

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *F. L. Schaling*

Licensed Embalmer No. *45*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.