

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4516

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

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Urlich</u> c. LENGTH OF STAY (in this place) <u>Life time</u>		c. CITY OR TOWN <u>Urlich</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural near Urlich</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>MINERNA</u> c. (Last) <u>HENDRICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 21 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug 4, 1871</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State, or Foreign Country) <u>NEAR Urlich</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.A. Norris</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Beck</u>	
13c. NAME OF HUSBAND OR WIFE <u>Bud Hendrick</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>INEX</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>INEZ HENDRICK</u>		17. ADDRESS <u>Urlich</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u> <u>1 YEAR</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> <u>7 YEARS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9-19</u> , 19 <u>55</u> , to <u>2-16-56</u> , that I last saw the deceased alive on <u>2/16/56</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J.C. Moody M.D.</u>		23b. ADDRESS <u>NARRISONVILLE Mo.</u>	
23c. DATE SIGNED <u>2-22-56</u>		24. BURIAL LOCATION (Specify) <u>Feb 24 1956</u>	
24a. DATE		24b. NAME OF CEMETERY OR CREMATORY <u>Norris</u>	
24c. LOCATION (City, town, or county) (State) <u>Near Urlich Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.J. Brown</u>	
25. ADDRESS <u>Urlich Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-24-56</u>	
REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		501	

APR 5
1956

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.....
Signature of Student Embalmer

Signed *R. R. Kenney*

Licensed Embalmer No. *307*

P. O. Address *Clinton*

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.