

FILED JAN 8 1969

124

STATE FILE NUMBER

69-002917

CERTIFICATE OF DEATH

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 2

DO NOT WRITE  
ON THIS STUB

9. 1  
10a. 81  
10b.  
11. 1  
12. 1  
13. 4319  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4. 0710

5. 90

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6. 0710

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Mary E. Hendrix		2. Female	3. Jan. 3, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. White	5a. 81	5b.	5c.
CITY, TOWN, OR LOCATION OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)	
7b. Sunrise Beach		6. Nov. 16, 1887	
INSIDE CITY LIMITS (SPECIFY YES OR NO)		COUNTY OF DEATH	
7c. No.		7a. Morgan	
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7d. 5 Mile North			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Illinois	9. U.S.A.	10. Married	11. James Hendrix
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
12. Housewife			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. Mo.	14b. Morgan	14c. Sunrise Beach	14d. No.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. John Stumpf		16. Frances (Unknown)	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. James Hendrix		17b. Sunrise Beach, Mo. 65079	
PART I. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Cerebral Hemorrhage			3 hours
DUE TO, OR AS A CONSEQUENCE OF:			
(b)			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			ALTOPTSY (YES OR NO) 19a. No
generalized arteriosclerosis			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH
21a. DECEASED FROM	21b. Present	21c. Dec 16 1968	21d. did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD
22a.		22b.	22c.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. Ruth Hoffmann M.D.	23b. Ruth Hoffmann	23c.	23d. 1-4-69
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE ZIP
23e.		23f. Versailles, Mo.	23g. 65084
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	24b. Versailles Com.	24c.	24d. Versailles, Mo.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24e. Jan. 6-69	24f. Midwell Funeral Home Versailles, Mo.	24g. 65084	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. Raymond Foster	25b. J. L. Stahl	25c. 1-6-69	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

CERTIFIER

BURIAL

EXPIRATION DATE  
JAN 1 7 1968

### 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 Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.