

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5876

FILED MAR 5 1957

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 24

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| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> | | c. CITY OR TOWN <u>Richmond</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 miles NE Richmond</u> | | Length of stay in lb <u>6 1/2 years</u> | d. STREET ADDRESS (If outside, give location) <u>7 miles NE Richmond</u> |

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| 3. NAME OF DECEASED (Type or print) First <u>FLOYD</u> Middle <u>HERBERT</u> Last <u>HENDERSON</u> | | | 4. DATE OF DEATH Month <u>February</u> Day <u>21</u> Year <u>1957</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 31, 1895</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u> |
| 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>General Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13. FATHER'S NAME <u>C. V. Henderson</u> | | | 14. MOTHER'S MAIDEN NAME <u>Narcissa Young</u> | | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | 16. SOCIAL SECURITY NO. <u>Would have I # 400-42-4813</u> | 17. INFORMANT <u>Floyd Henderson</u> Address <u>Richmond, Missouri</u> |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Sub on</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | |
| DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u> | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Thomas D. Cook, M. A. Coroner</u> | (Degree or title) <u>Coroner</u> | 22b. ADDRESS <u>Richmond, Missouri</u> | 22c. DATE SIGNED <u>2-24-1957</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>February 24, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u> |
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| 24. FUNERAL DIRECTOR QUEST-LIFE FUNERAL HOME <u>RICHMOND, MISSOURI</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb. 26 - 1957</u> | 26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> |
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(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service, 800-56, Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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7-22-6

MS OCT 1 1959

APR 2 1957

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 *George H. Hile*

Licensed Embalmer No. *406*

P. O. Address *Richmond*

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