

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9747**

890

FILED MAR 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND Rural</b>		c. LENGTH OF STAY (in this place) <b>4 WEEKS</b>	c. CITY OR TOWN <b>Richmond</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 MILES N. OF RICHMOND</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>FRANK</b>		a. (First) <b>FRANK</b>	b. (Middle) <b>HUSTON</b>
		c. (Last) <b>HENDRIX</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 10, 1954</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>SEPT. 4, 1882</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PASTAL CLERK</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NORTH EAST OF RICHMOND</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Postal Clerk</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>LUTHER A. HENDRIX</b>		13b. MOTHER'S MAIDEN NAME <b>MOLLIE J. SHIRLEY</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frank Maddux</b> ADDRESS <b>Richmond Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphatic leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 mo.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Unknown</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Unknown</b>	
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 <b>2040</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>June 14, 1953</b> to <b>Mar. 19, 1954</b> , that I last saw the deceased alive on <b>March 10, 1954</b> , and that death occurred at <b>2:22 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Q. Revan</b> (Signature title) <b>ATSDO</b>		23b. ADDRESS <b>Richmond, Mo</b>	23c. DATE SIGNED <b>3/12/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>March 12, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNNY SHOPE</b>	24d. LOCATION (City, town, or county) (State) <b>RICHMOND MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>MAR 13, 1954</b>	REGISTRAR'S SIGNATURE <b>Malcol Jackson</b> <b>273</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>George P. Peterson</b> ADDRESS <b>Richmond, Missouri</b>	

MAY 7 1954  
 APR 20 1954  
 JUN 14 1954  
 OCT 25 1955  
 JUN 9 1953  
 JUL 6 1954  
 SEP 11 1958  
 APR 20 1954  
 APR 20 1954  
 APR 20 1954

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. [Signature]*  
 Licensed Embalmer No. 406  
 P. O. Address *[Signature]*

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.