

FILED APR 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11023

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Billings, Rural Polk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mattonville, 0550</u>	
c. LENGTH OF STAY (In this place) <u>6 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POLK TOWNSHIP</u>			

3. NAME OF DECEASED (Type or Print) <u>Mandy</u>	a. (First) <u>Catherine</u>	b. (Middle) <u>Endleton</u>	c. (Last) <u>Endleton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1951</u>
--	-----------------------------	-----------------------------	---------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 15, 1872</u>	9. AGE (In years) (Month) (Day) (Year) <u>78 6 25</u>	IF UNDER 18 HRS. Hours Min.
----------------------	-------------------------------	---	--	---	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Jesse Brashears</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Helms</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Endleton</u>
---	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Stachard Billings Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on after death, 4/9/51, and that death occurred at 4:08 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Dean Harris</u> (Degree or title) <u>Coroner Christian Co.</u>	23b. ADDRESS <u>Clever, Mo.</u>	23c. DATE SIGNED <u>4/10/1951</u>
---	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-11-1951</u>	REGISTRAR'S SIGNATURE <u>Adeline Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Curridge Marionville Mo</u>
---	---	---

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 26 1951

Dist. File 431-911

Date Filed 4-26-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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 this body is not embalmed, fact should be so stated above.