

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18743

State File No.

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5721 Registrar's No. 53

0660
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-GLAZE</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-GLAZE</u>		0660
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi - S-W. ULMAN</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mi S-W-ULMAN</u>		
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>Hendricks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-30-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days
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>Gen-Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Wilson-Hendricks</u>		13b. MOTHER'S MARDEN NAME <u>UNKNOWN</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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph-Hendricks-Ulman-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					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) _____					
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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		491X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to <u>29 April, 1953</u> , that I last saw the deceased alive on <u>29 April, 1953</u> , and that death occurred at <u>12:10 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Marshal Humphrey</u>			23b. ADDRESS <u>D.O. Tusculumbia-Mo</u>		23c. DATE SIGNED <u>27 May 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3 May 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Soth-</u>	24d. LOCATION (City, town, or county) (State) <u>Miller-Co-Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 5 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. C.R. Hauspension</u>	193	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>	ADDRESS <u>ELDON Mo</u>

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
Student Embalmer

Signed Keith M. Fays
Licensed Embalmer No. 2998
P. O. Address Eden M.

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.