

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3413 63-024374  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**FILED JUL 5 1963**

DO NOT WRITE ON THIS STUB AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>73 days</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) <b>1512 Penneytonia</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>ELMER</b> Last <b>Henderson</b>			4. DATE OF DEATH Month <b>June</b> Day <b>15</b> , Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-24-80</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Stationary Engineer of C. McWater Dept. Pleasanton, Kansas</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Pleasanton, Kansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13. FATHER'S NAME <b>Robert Henderson</b>	
14. MOTHER'S MAIDEN NAME <b>Lebrina Miller</b>		15. NAME OF HUSBAND OR WIFE <b>Mary Agnes Kay Henderson</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. SOCIAL SECURITY NO. _____	
18. INFORMANT <b>Mr. Martin Henderson, 406 June St. Kansas</b>		19. ADDRESS _____	
20. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Dehydration and malnutrition</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>possible mesenteric thrombosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
21a. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21b. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
22a. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	22b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22d. CITY, TOWN, OR LOCATION	22e. COUNTY STATE
23. I attended the deceased from <b>6-15-63</b> to <b>6-15-63</b> and last saw her/him alive on <b>6-15-63</b> Death occurred at <b>11:05 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
24a. SIGNATURE <b>[Signature]</b> (Degree or title)		24b. ADDRESS <b>2400 Cherry</b>	24c. DATE SIGNED <b>6-17-63</b>
25a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	25b. DATE <b>6-18-63</b>	25c. NAME OF CEMETERY OR CREMATORY <b>Mount Saint Mary's Cemetery, Kansas City, Missouri</b>	25d. LOCATION (City, town, or county) (State) _____
26. FUNERAL DIRECTOR <b>Neilbert Funeral Homes, 27 C. Mc</b> ADDRESS _____		27. DATE SIGNED BY LOCAL REG. <b>6-17-63</b>	28. REGISTRAR'S SIGNATURE <b>[Signature]</b>

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1-11-57-2015

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**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 B. E. Weiland

Licensed Embalmer No. 4075

P. O. Address 308 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.