

**STANDARD CERTIFICATE OF DEATH**

State File No. **5515**

BIRTH NO. **FILED FEB 16 1954** REG. DIST. NO. **221** PRIMARY REG. DIST. NO. **5793** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>LUPUS</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>LUPUS MO 0680</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUPUS MO</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROXIE</b> b. (Middle) <b>REBE</b> c. (Last) <b>HENDEYSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 10-1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>FEB 1-1881</b>		9. AGE (In years last birthday) <b>73</b>		10. IF UNDER 1 YEAR (Months) (Days) Hours Mins. <b>- 9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>			

13a. FATHER'S NAME <b>Wm. G. GLAY</b>		13b. MOTHER'S MAIDEN NAME <b>MATTIE RIMEL</b>		14. NAME OF HUSBAND OR WIFE <b>B. F. HENDEYSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clarence Kuhn Jamestown, Mo</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Portal Cirrhosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>7+ yrs</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</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		19b. MAJOR FINDINGS OF OPERATION		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) <b>Lupus Moniteau MO</b>	
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 **8-14, 1951**, to **2-9, 1954**, that I last saw the deceased alive on **2-9, 1954**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. S. Falked MD</b> (Degree or title)		23b. ADDRESS <b>California, Mo</b>		23c. DATE SIGNED <b>2-11-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>FEB. 12 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>NEAR LUPUS MO</b>					

DATE REC'D BY LOCAL REG <b>Feb 13-1954</b>		REGISTRAR'S SIGNATURE <b>Gada M. Snow 199-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calbert Hornbeck Prairie Home</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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mo.

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home, Ill.*

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.