

124

STATE FILE NUMBER

73 022121

CERTIFICATE OF DEATH

FILED

NOV 13 1973

38

Registration District No.

Primary Registration District No.

4051

Registrar's No. 1065

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 11/72

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Emma H. Henderson						2. F	3. 10-31-73
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White			5a. 87	5b.	5c.	6. Dec. 2, 1885	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. Hallsville			7c. Yes		7d. Arah's acres Nursing Home		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		
8. Missouri			9. USA		10. Widowed		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 487-56-2863			13a. Operated Cafe -Housewife		13b. Retired		
RESIDENCE—STATE			CITY, TOWN, OR LOCATION, ZIP CODE		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. Missouri			14b. Moniteau		14c. Lupus		
FATHER—NAME			MOTHER—MAIDEN NAME		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
15. Henry Dietzel			16. Margaret Schuester		II. None		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Edna Smith			17b. RFD Jamestown, Missouri 65287				
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) Cardiac Arrest							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Coronary Heart Disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) Generalized Atherosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Hypothyroidism			19. No				19b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. f.			20b.		20c. M. 20d.		
20g. St.			20e.		20f.		
20g. Co.			20g.		20h.		
20g. Cy.			20i.		20j.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 5/1/1972 TO 10/31/1973			AND LAST SAW HIM/HER ALIVE ON 5/1/1972		I DID/VIEWED THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 5/1/1972			21b. 10/31/1973		21c. 5/1/1972		21d. 6:45 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		
22a. 10/31/1973			22b. 8:30 P.M.		22c. 10/31/1973		22d. 8:30 P.M.
CERTIFIER—NAME (TYPE OR PRINT)			MO. LICENSE NO.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)
23a. Leonard L. Polite			23b. 28468		23c. Leonard L. Polite		23d. 10/31/1973
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN		STATE
23e. 401 Keane			23f. Keane		23g. Columbia		23h. Mo. 65201
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Removal-Burial			24b. Union Cemetery		24c. Jamestown, Missouri		
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
25a. Nov. 3, 1973			25b. Williams-Woodard Funeral Home 211 S. Oak Calif., Mo. 65018				
FUNERAL DIRECTOR—SIGNATURE			REG. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR
26a. [Signature]			26b. 445		26c. Mrs. R. E. Palmer		26d. Nov 5 1973

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

NOV 15 1973

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 Allen L. Meyer, Student Embalmer No. 1056
working under my personal supervision.

Student

Allen L. Meyer
Signature of Student Embalmer

Signed

Samuel A. Woodard

Licensed Embalmer No.

5172

P. O. Address

Calgary, Alta.

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.