

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12145

FILED APR 18 1949

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>4206</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Harrison</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Harrison</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		d. STREET ADDRESS (If rural, give location) <u>West part of New Hampton</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>West part of New Hampton</u>				d. STREET ADDRESS (If rural, give location) <u>West part of New Hampton</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Preston</u>	b. (Middle) <u>Wakefield</u>	c. (Last) <u>Henry</u>	Month <u>March</u>	Day <u>11</u>	Year <u>1949</u>	M <u>0</u>	F <u>W</u>
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Oct 8 1867</u>		9. AGE (In years last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Retired Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie M Henry</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie M Henry, New Hampton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>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>Hardened Arteries</u>			
				DUE TO (c) <u>0</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		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)		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 <u>March 10, 1949</u> , to <u>March 11, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Wilson M.D.</u> (Degree or title)				23b. ADDRESS <u>New Hampton, Mo.</u>		23c. DATE SIGNED <u>March 11, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>	
DATE REC'D BY LOCAL REG. <u>April 4 1949</u>		REGISTRAR'S SIGNATURE <u>Zola Beveris</u>		116 FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble</u>		ADDRESS <u>New Hampton MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE  
Cameron, 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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.