

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27652

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 68

82
2

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 Tennessee</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> d. STREET ADDRESS (If rural, give location) <u>409 Tennessee</u>		
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Henry</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>August 21 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10/28/1919</u>	
9. AGE (In years last birthday) <u>29</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>23</u> IF UNDER 2 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Benjamin Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Boston</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ben Henry Louisiana Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Epilepticus</u> ANTECEDENT CAUSES <u>Periodically 3 mo</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3535</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>None</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) (Min.)
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>Aug. 1948</u> to <u>8-21</u>, 19<u>49</u>, that I last saw the deceased alive on <u>8-21</u>, 19<u>49</u>, and that death occurred at <u>3:30 AM</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Print or title) <u>J. R. Robinson MD</u>		23b. ADDRESS <u>Louisiana, Mo</u>		23c. DATE SIGNED <u>8-21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/23/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ga rner & Sterne Louisiana Mo</u>	

RECEIVED SEP 6 1949
District Health Officer No. _____
District File Number 9-49-12
Date Filed SEP 6 1949

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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.