

FILED FEB 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 65

BIRTH NO. REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3e01 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
c. LENGTH OF STAY (in this place) 64 yrs		d. STREET ADDRESS (If rural, give location) 310 West State	
d. FULL NAME OF HOSPITAL OR INSTITUTION 310 West State			

3. NAME OF DECEASED (Type or Print) Forest	a. (First) Forest	b. (Middle) Everette	c. (Last) Henegar	4. DATE OF DEATH (Month) (Day) (Year) Feb 3, 1950
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marries	8. DATE OF BIRTH Dec 14, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 20	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Liquor	11. BIRTHPLACE (State or foreign country) Vandalia, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Charles Henegar	13b. MOTHER'S MAIDEN NAME Molly Scobee	14. NAME OF HUSBAND OR WIFE Mrs Hazel C. Henegar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-34-1339	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel C. Henegar, Vandalia, Mo	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		1 Month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate		1 Yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			177X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1949, to Feb 3, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 12:44 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. B. Baize DO	23b. ADDRESS Vandalia, Mo	23c. DATE SIGNED Feb 6, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. Feb 6, 1950	REGISTRAR'S SIGNATURE Mollie Ferguson	FINANCIAL DIRECTOR'S SIGNATURE M. Walters	ADDRESS Vandalia, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 9 1955
District Health Officer No
District File Number 2-20
Date Filed FEB 9 1955

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 William B. Mattox

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.