

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2029

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>68 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		8461	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>				d. STREET ADDRESS (If rural, give location) <u>212 Leyda Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>BESSIE</u>		a. (First) <u>MALETTE</u>		b. (Middle) <u>HENRY</u>		c. (Last)	
4. DATE OF DEATH <u>May 31, 1950</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec. 1, 1875</u>		9. AGE (in years last birthday) <u>74</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Office Building & Loan</u>	
11. BIRTHPLACE (State or foreign country) <u>White Church, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam H. Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Marg. Eliza Thomas</u>	
14. NAME OF HUSBAND OR WIFE		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. <u>486-03-7255</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A.H. Thornburgh, W. Plains, Mo.</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>Encephalitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>A brain lesion, unclassified.</u> DUE TO (c) <u>X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week.</u> <u>343X</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>X</u> (COUNTY) <u>X</u> (STATE) <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No injury</u>			
22. I hereby certify that I attended the deceased from <u>2/7/</u> , 19 <u>50</u> , to <u>5/31/</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/31/50</u> , 19 <u>50</u> , and that death occurred at <u>8:15 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.H. Thornburgh</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED <u>6/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jun. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-6-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		5299		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Thornburgh</u> ADDRESS <u>West Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0461

RECEIVED

6-13-50

District Health Officer No. 4

District File Number 650340

Date Filed 6-19-50

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

Hal Shoubrugh

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.