

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27802

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 89

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana, Missouri</u> | |
| c. LENGTH OF STAY (In this place) <u>35 Yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>715 Washington</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 Washington St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Doss</u> b. (Middle) <u>Olin</u> c. (Last) <u>Henry</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>4/II/1897</u> |
| 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>15</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>Plumber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u> | 11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Illinois</u> |
| | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Low Henry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Glennie Oliva Cannon</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel Flo Henry</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # I</u> | | 16. SOCIAL SECURITY NO. <u>490-05-3026</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Doss Henry, Louisiana, 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, asthenia, etc.* It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Sclerosis & Regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonic Heart Disease</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| | | INTERVAL BETWEEN ONSET AND DEATH <u>4yr</u> <u>4yr</u> <u>410X</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 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>July, 1949</u> , to <u>Aug 26, 1950</u> , that I last saw the deceased alive on <u>Aug 26, 1950</u> , and that death occurred at <u>1:10 Am.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. W. Lovell M.D.</u> | | 23b. ADDRESS <u>Louisiana, Mo.</u> | 23c. DATE SIGNED <u>8-26-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/29/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Aug 26, 1950</u> | REGISTRAR'S SIGNATURE <u>Bernice Collier</u> | FUNERAL DIRECTOR'S SIGNATURE <u>George O. Naguel</u> | ADDRESS <u>Louisiana, Mo.</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 12 1950

SEP 15 1950

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE
District File Number 9-50-
Date Filed: SEP 7 1950

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, George O. Hagner

~~working under my personal supervision.~~

Student Embalmer No.

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana Mo.

Signed.....
Student Embalmer

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.