

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34294

BIRTH NO. 67060-50		REG. DIST. NO. 264		PRIMARY REG. DIST. NO. 5894		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY - Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give township) Gainesville Mo. R.R.		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Gainesville Mo. Pine Creek		0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Gainesville Mo. - Ozark Co.			
3. NAME OF DECEASED (Type or Print) a. (First) HENERITTA		b. (Middle) HENRY		c. (Last) HENRY		4. DATE OF DEATH (Month) (Day) (Year) Oct 5 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Oct 3 - 1950	
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (State or foreign country) Ozark Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elbey Henry		13b. MOTHER'S MAIDEN NAME Maurine Amyx		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME C. J. Amyx - Gainesville Mo		ADDRESS	
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) Respiratory failure Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asphyxia due to regurgitation DUE TO (c) Prematurity (7 mo.) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hr 7735	
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)		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 Oct 3, 1950, to Oct 5, 1950, that I last saw the deceased alive on Oct 4, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE W. L. Hooverman				23b. ADDRESS 502 Gainesville, Mo		23c. DATE SIGNED 10-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 6 - 1950		24c. NAME OF CEMETERY OR CREMATORY Smith's Chapel		24d. LOCATION (City, town, or county) (State) Gainesville Mo. R.R. Ozark	
DATE REC'D BY LOCAL REG. 10-16-50		REGISTRAR'S SIGNATURE William Cogwell		402 FUNERAL DIRECTOR'S SIGNATURE Chas. Kinghead		ADDRESS Gainesville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 24 1950

Dist. File

1050-2160

Date Filed

10-26-50

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

Chester E. Roof

Licensed Embalmer No. 3044

P. O. Address *Glennville 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.