

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40472**

FILED JAN 3 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Henry Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cluck Mo		0420	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) Agnes		c. (Last) Henry		4. DATE OF DEATH (Month) (Day) (Year) Dec 24 1950	
5. SEX 7.1		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Sept 15, 1878	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		11. BIRTHPLACE (State or foreign country) St. Marys, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Crosby		13b. MOTHER'S MAIDEN NAME Winifred		14. NAME OF HUSBAND OR WIFE King, Chas. Vernon Henry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 106-10-10000		17. INFORMANT'S SIGNATURE OR NAME Wetzel Hospital ADDRESS Clinton Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar (Hypostatic) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Deleterious (Militar) Anterior DUE TO (b) Sclerosis of both feet DUE TO (c) Gangrene of both feet II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Dec 21, 1950		19b. MAJOR FINDINGS OF OPERATION Anterior degenerative with Gangrene of foot				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clinton Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Henry			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec 24 1950		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 Nov 1950 to Dec 24, 1950 , that I last saw the deceased alive on Dec 24, 1950 and that death occurred at 5:40 a.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wetzel				23b. ADDRESS Clinton Mo		23c. DATE SIGNED Dec 24 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) Kansas	
DATE REC'D BY LOCAL REG Dec-28-50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Wetzel ADDRESS Clinton Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-51

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 _____

Licensed Embalmer No. 1291

P. O. Address Clinton

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.