

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41517

State File No.

5. No. 300
v. 10.48

JAN 2 1951

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie	
c. LENGTH OF STAY (in this place) 5 yr.		0671 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 409 Folk St.		d. STREET ADDRESS (If rural, give location) 409 Folk St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle)	c. (Last) Henry	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1950
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 12, 1889	9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Hamilton Co. Ill. /	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Edd Henry	13b. MOTHER'S MAIDEN NAME Elzora Richardson	14. NAME OF HUSBAND OR WIFE Lenora Henry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lenora Henry ADDRESS East Prairie, Mo.
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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, ashenia, 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) Pulmonary Emphysema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Healed Pulmonary Tuberculosis 241X			

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 Sept 16, 1950, to Dec 16, 1950, that I last saw the deceased alive on Dec 16, 1950, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. B. Sheinbrod (Degree or title) M.D.	23b. ADDRESS East Prairie Mo	23c. DATE SIGNED Dec 20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-20-50	24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.	24d. LOCATION (City, town, or county) (State) Dexter, Mo. R. 1
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DATE REC'D BY LOCAL REG. 12-21-50	REGISTRAR'S SIGNATURE Gertrude J. Harper	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1671
1

DEC 29 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 29 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Withers

Licensed Embalmer No. 4717

P. O. Address Deerwood

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.