

0890

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9633

FILED APR 2 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Knoxville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Knoxville</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>In Knoxville, H. #13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Knoxville, H. #13</u>		d. STREET ADDRESS (If rural, give location) <u>In Knoxville, H. #13</u>	

3. NAME OF DECEASED (Type or Print) <u>Florence</u>	a. (First)	b. (Middle) <u>Bell</u>	c. (Last) <u>Henry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 4, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Marion County, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Baker</u>	14. NAME OF HUSBAND OR WIFE <u>James D. Henry</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James D. Henry, Rayville, Missouri</u>	ADDRESS <u>Rayville, Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>many years</u> <u>3 1/2 x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

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) (Min.)	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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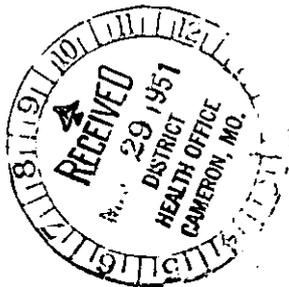
22. I hereby certify that I attended the deceased from Jan 1, 1947, to Mar 2, 1951, that I last saw the deceased alive on Mar 1, 1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Wilbur M.D.</u>	23b. ADDRESS <u>Polo Inn</u>	23c. DATE SIGNED <u>Mar 4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kincaid Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 25 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Home</u>	ADDRESS <u>Richmond, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed George L. Lile

Licensed Embalmer No. 4069

P. O. Address Richmond, 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.