No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11610

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 4245

0117

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 107 Felix Street

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Clyde
c. (Last): Henry

4. DATE OF DEATH (Month) (Day) (Year): 4 10 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Never Married
8. DATE OF BIRTH: 1 8 1878
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Cincinnati -- Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF ~~HUSBAND OR~~ WIFE: None

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.: 491-24-9031
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Vincie King — ADDRESS: 1119½ No. 3rd Street

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Failure — Ukn.
DUE TO (c) Arteriosclerotic Heart Disease — Ukn.

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: 4200
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1951, *to* April 10, 1951, *that I last saw the deceased alive on* April 9, 1951, *and that death occurred at* 4:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Owen W. Stearns MD (Degree or title)
23b. ADDRESS: The Tootle Bldg., St. Joseph, Mo.
23c. DATE SIGNED: 4-10-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 19 1951
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph - Mo.

DATE REC'D BY LOCAL REG.: April 20, 1951
REGISTRAR'S SIGNATURE: Carl C. Cash 446
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. H. Alexander — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.