

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16190

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 453

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri	
c. LENGTH OF STAY (in this place) 3 Days		d. STREET ADDRESS (If rural, give location) Hotel State, Springfield, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VA Hospital, Springfield, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle)		c. (Last) Henneger		4. DATE OF DEATH (Month) (Day) (Year) May 18, 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH December 18, 1887		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate			10b. KIND OF BUSINESS OR INDUSTRY Real Estate			11. BIRTHPLACE (State or foreign country) Iowa			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Henneger			13b. MOTHER'S MAIDEN NAME Camelia Oberman			14. NAME OF HUSBAND OR WIFE None		
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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) Yes WW I		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME V.A. Hospital Records		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Patchy bronchopneumonia and pulmonary congestion, bilaterally.		DUPLICATE CAUSES Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinary retention. DUE TO (c) Prostatic hypertrophy.					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (1) Azotemia. (2) Hamartomata, liver. Conditions contributing to the death but not related to the disease or condition causing death. (3) Esophageal varices.				610X	

19a. DATE OF OPERATION May 16, 1951		19b. MAJOR FINDINGS OF OPERATION Urinary retention due to Prostatic hypertrophy and ballanitis and phimosis of penis.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 **May 15, 1951**, to **May 18, 1951**, ~~from~~ ~~the~~ ~~causes~~ ~~and~~ ~~on~~ ~~the~~ ~~date~~ ~~stated~~ ~~above~~ ~~and~~ ~~that~~ ~~death~~ ~~occurred~~ ~~at~~ ~~7:15~~ ~~a.m.~~, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. EISELE, M.D., CHIEF, PROFESSIONAL SERVICES		23b. ADDRESS VA HOSPITAL SPRINGFIELD, MISSOURI		23c. DATE SIGNED 5/18/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 21, 1951		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Keokuk, Iowa	
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DATE REC'D BY LOCAL REG. 5-21-51		REGISTRAR'S SIGNATURE W. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeiser		ADDRESS Springfield, Mo.	
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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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.