

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 37

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township). <u>Ridgeway</u> <u>1410</u>	
c. LENGTH OF STAY (in this place) <u>14 hours</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Junior</u> c. (Last) <u>Henry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12, 1924</u>	9. AGE (in years last birthday) <u>26</u>	10. MONTHS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ridgeway, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Clyde Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Ackle</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Herford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.II</u>		16. SOCIAL SECURITY NO. <u>497-30-7045</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Henry</u>	
				ADDRESS <u>Ridgeway, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured skull</u>		
	DUE TO (c) <u>Car accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractures of pelvis, femur, tibia &amp; radius</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Coffey, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-21-51 6:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on Collision</u>	

22. I hereby certify that I attended the deceased from May 21, 1951, to May 21, 1951, that I last saw the deceased alive on May 21, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. G. Reid M.D.</u>		23b. ADDRESS <u>Bethany, Mo</u>		23c. DATE SIGNED <u>5-23-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway</u>		24d. LOCATION (City, town, or county) (State) <u>Ridgeway, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5/25/51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		116		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. South</u>		ADDRESS <u>Bethany, Mo</u>	
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JUN 5 1951

JUN 16 1951



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 Embalmer No. ....

Signed Clark L. Foutch

Signed .....  
Student Embalmer

Licensed Embalmer No. 4831

P. O. Address Bethany, 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.