

STANDARD CERTIFICATE OF DEATH

17343

State File No. _____

FILED JUN 9 1951

BIRTH NO. 16689-51 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5771 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marientown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marientown 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Terry b. (Middle) Lee c. (Last) Henry			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 5, 1951	9. AGE (In years last birthday) I 16	10. HOURS OF UNDER 18 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. - 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Hubert Henry	13b. MOTHER'S MAIDEN NAME Mildred Stanford	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hubert Henry	ADDRESS Mercer Mo.
---	--	--	------------------------------

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) Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 mins
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia		
	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 491X	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.)	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 MAR 5, 1951, to April 21, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Geo Dawson MD	(Degree or title)	23b. ADDRESS Mercer, Mo	23c. DATE SIGNED May 5-51
--	-------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Lineville, Iowa
--	------------------------------------	---	---

DATE REC'D BY LOCAL REG. 5-31-51	REGISTRAR'S SIGNATURE M. J. Rutz	25. FUNERAL DIRECTOR'S SIGNATURE Amel Grunke	ADDRESS Lineville Iowa
--	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

650



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, only

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James L. Greenlee

Licensed Embalmer No. 3967

P. O. Address *Linnville, Tenn.*

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.