

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1951

State File No. 18161
Registrar's No. 4941

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u>				b. COUNTY _____	
b. CITY OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY OR TOWN <u>DuQuoin</u>		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>105 S. Division</u>				8	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>MARIE</u> c. (Last) <u>Henley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-51</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>5-21-1931</u>		9. AGE (In years last birthday) <u>19</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>			11. BIRTHPLACE (State or foreign country) <u>Duquoin Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Orville Helney</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Orval Henley Duquoin Ill</u> ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrythmia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital cardiac malformation</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 checked="" type="checkbox"/> NO <input 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? <u>7544</u>					
22. I hereby certify that I attended the deceased from <u>5-8</u> , 19 <u>51</u> , to <u>5-23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>51</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>FR Bradley</u> (Degree or title) <u>0 M. D.</u>				23b. ADDRESS <u>Barnes Hospital</u>				23c. DATE SIGNED <u>5/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Cem</u>		24d. LOCATION (City, town, or county) (State) <u>DuQuoin Ill</u>			
DATE REC'D BY LOCAL REG. <u>MAY 28 1951</u>		REGISTRAR'S SIGNATURE <u>J B Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> ADDRESS _____					

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

1947

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.....

Veard Morris

Signed.....

Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis 10 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.