

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

19212
 State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>NEVADA</u>		c. CITY OR TOWN <u>RURAL - OSAGE TWP.</u> <u>1080</u>	
c. LENGTH OF STAY (in this place) <u>4 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>8 MI. S. WEST RICH HILL, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#507 South Cedar St. Nevada, Mo</u> <u>ANDERSON CONV. HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>-THOMAS-</u> c. (Last) <u>HENLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-7-1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED, 1</u>	8. DATE OF BIRTH <u>DEC-16-1876</u>
9. AGE (In years last birthday) <u>74</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM J. HENLEY</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA BOWERS</u>	14. NAME OF HUSBAND OR WIFE <u>MUNZY HENLEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Henley - Horton, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>May 6-51</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <input checked="" type="checkbox"/>	
		DUE TO (c) <input checked="" type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS		<input checked="" type="checkbox"/>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Vernon, Mo</u>	
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>No injury</u>	
22. I hereby certify that I attended the deceased from <u>May 6, 1951</u> , to <u>May 7, 1951</u> , that I last saw the deceased alive on <u>May 6, 1951</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. P. ...</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>May 11/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY-9-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROBINSON CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>5-14-1951</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home, Rich Hill, Mo</u> ADDRESS _____	

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

1080

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 21 1951

Dist. File 527-2122
Date Filed 5-21-51

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.