

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23694

State File No.

BIRTH NO. REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5740 Registrar's No. 117

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lingo Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lingo Twp.</u>	
c. LENGTH OF STAY (in this place) <u>77 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Lingo Twp. near Bucklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Gideon</u> c. (Last) <u>Henry</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1951</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 18, 1873</u>		9. AGE (In years last birthday) (Month) (Day) (Year) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William A. Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>Sophia Henry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>577-36-3152</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bert Norris, Bucklin, 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>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES DUE TO (b) <u>hypertensive arterio-sclerosis</u>		Indef.	
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 <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from <u>July 21, 1951</u> to <u>July 23, 1951</u> , that I last saw the deceased alive on <u>July 23rd 51</u> , and that death occurred at <u>10:58 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John Otis Carr D.O.</u>		23b. ADDRESS <u>Marceline, Missouri</u>	
23c. DATE SIGNED <u>7/25/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stine Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Southeast of Marceline Mo</u>		DATE REC'D BY LOCAL REG. <u>8/4/51</u>	
REGISTRAR'S SIGNATURE <u>Josephine King</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe McLaughlin Marceline Mo</u>	

RECEIVED 8. 14. 51
COMMON COUNTY HEALTH DEPARTMENT
County File No. 8. 51. 1. 3. 67
Date Filed 8. 14. 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 George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.