

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34205

State File No.

FILED NOV 7 1951

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>CONCORDIA RURAL</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>KANSAS CITY</u> <u>8148</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4 MI EAST ON HWAY 40</u>		d. STREET ADDRESS (If rural, give location) <u>522 E 11th ST</u>	
3. NAME OF DECEASED a. (First) <u>HAL</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>HENRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 26 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>UNKNOWN</u>	8. DATE OF BIRTH <u>MARCH 9, 1928</u>
9. AGE (in years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAXI DRIVER</u>	11. BIRTHPLACE (State or foreign country) <u>JACKSONVILLE, ILL</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAXI DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEE ABOVE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>EARL HENRY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARITE FRIDAY</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>QUEST & LYLES FUNERAL HOME</u> ADDRESS <u>RICHMOND 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Crushed skull with brain injury</u> (b) <u>fractures, contusions</u> (c) <u>entire body & extremities</u> ANTECEDENT CAUSES <u>Driving motor car which collided with a large truck.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>one hundred yards</u> 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>no fracture</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Drumma</u> (COUNTY) <u>Lafayette</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY <u>0 26-1951 8 P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Motor car collision</u>		21g. HOW DID INJURY OCCUR? <u>Motor car collision</u>	
22. I hereby certify that I attended the deceased from <u>the date of death</u> to <u>Oct 26 - 1951</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 26</u> , 19 <u>51</u> , and that death occurred at <u>8 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Martin M.D.</u> (Degree or title)		23b. ADDRESS <u>Odesa Mo</u>	
23c. DATE SIGNED <u>10-26-51</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL MOTOR</u>		24b. DATE <u>Oct 27, 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RICHMOND</u>		24d. LOCATION (City, town, or county) (State) <u>RICHMOND MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 27-1951</u>		REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u> 154	
FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia Mo</u>	

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

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RECEIVED NOV 6 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 6 1951

NOV 9 1951

NOV 28 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 _____

E. S. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Consadine, 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.