

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36046

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 193

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

1. PLACE OF DEATH
a. COUNTY **Saline**
b. CITY (If outside corporate limits, write RURAL and give town) **Marshall**
c. LENGTH OF STAY (in this place) **9 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Fitzgibbon Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Saline**
c. CITY (If outside corporate limits, write RURAL and give township) **Sweet Springs**
d. STREET ADDRESS (If rural, give location) **Miller street**

3. NAME OF DECEASED (Type or Print) a. (First) **Benjamin** b. (Middle) **Franklin** c. (Last) **Henley**
4. DATE OF DEATH (Month) (Day) (Year) **Oct. 24th, 1951.**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Widowed**
8. DATE OF BIRTH **June 24, 1869** 9. AGE (In years last birthday) **82** 10. MONTHS **4** 11. DAYS **0** 12. HOURS **0** 13. MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Real estate & loan**
10b. KIND OF BUSINESS OR INDUSTRY **Own business**
11. BIRTHPLACE (State or foreign country) **Saline County, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Matthew S. Henley** 13b. MOTHER'S MAIDEN NAME **Elizabeth Coffey** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Joseph W. Henley, Marshall, Mo.** 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion (Heteroin)**
ANTECEDENT CAUSES **Senility**
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 **4201** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **Oct 15, 1951**, to **Oct 24, 1951**, that I last saw the deceased alive on **Oct 24, 1951**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert Kennedy M.D.** (Degree or title) 23b. ADDRESS **Marshall Mo.** 23c. DATE SIGNED **Oct 25-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct. 26, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Fairview cemetery** 24d. LOCATION (City, town, or county) (State) **Sweet Springs, Mo.**

DATE REC'D BY LOCAL REG. **Oct. 25, 1951** REGISTRAR'S SIGNATURE **Bidney T Gray** 385 25. FUNERAL DIRECTOR'S SIGNATURE **CAMPBELL-LEWIS-MARSHALL-MO.** ADDRESS _____

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 29 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.....
Student Embalmer

Signed Jan H. Lewis
Licensed Embalmer No. 1171

P. O. Address Marshall - 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.