

FILED NOV 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36082

State File No. _____
Registrar's No. 163

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pike	
c. LENGTH OF STAY (In this place) Hrs.		d. STREET ADDRESS (If rural, give location) Bloomfield Mo. R.R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Delta Community Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Kenneth	b. (Middle) --	c. (Last) Henry	Oct. 10, 1951		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1924	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 8 Days 28	IF UNDER 12 HRS. Hours -- Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Flint, Michigan	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Oscar Henry	13b. MOTHER'S MAIDEN NAME Genivieve Albert	14. NAME OF HUSBAND OR WIFE Mrs. Martha Henry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes	16. SOCIAL SECURITY NO. war 11	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Henry Bloomfield, Mo.
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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) Ruptured cerebral aneurysm		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	ANTECEDENT CAUSES Morbid 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. 452X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **10-10, 1951**, to **10-10, 1951**, that I last saw the deceased alive on **10-10, 1951**, and that death occurred at **2p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. D. Urban M.D.	23b. ADDRESS Sikeston	23c. DATE SIGNED 10/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-12-51	24c. NAME OF CEMETERY OR CREMATORY Gravel Hill	24d. LOCATION (City, town, or county) (State) Near Bloomfield, Mo.
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DATE REC'D BY LOCAL REG. 1001-51	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Und. Co. Bloomfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
1043
NOV 5 1951
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 2 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-23

NOV 6 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 Lulu Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.