

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40854

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Sauvage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alma</u>	
c. LENGTH OF STAY (in this place) <u>11m 17d</u>		d. STREET ADDRESS (If rural, give location) <u>7540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>			

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) JOHN c. (Last) HENNING

4. DATE OF DEATH (Month) (Day) (Year)
Dec 17 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH Apr 13-1874 9. AGE (In years last birthday) 77 10. UNDER 1 YEAR Months 8 Days 4 11. UNDER 1 HR. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY farm 11. BIRTHPLACE (State or foreign country) Concordia Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Claus Henning 13b. MOTHER'S MAIDEN NAME Marie Censeel 14. NAME OF HUSBAND OR WIFE Martha Henning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dk (If yes, give war or dates of service) dk 16. SOCIAL SECURITY NO. dk 17. INFORMANT'S SIGNATURE OR NAME Hos records ADDRESS Hulton mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypo pneumonia

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. fracture left femur

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION benile psychosis, simple type

21a. ACCIDENT SUICIDE (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 12-6, 1951, to 12-17, 1951, that I last saw the deceased alive on 12-16, 1951, and that death occurred at 6:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) JC Caldwell M.D. 23b. ADDRESS State Hosp Hulton 23c. DATE SIGNED 12-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec 20-1951 24c. NAME OF CEMETERY OR CREMATORY Evangelical & Reformed Cem 24d. LOCATION (City, town, or county) (State) Concordia Mo

DATE REC'D BY LOCAL REG. Dec-17-1951 REGISTRAR'S SIGNATURE Martha Lawrence 426 FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home ADDRESS Hulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 27 1951

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Quinton, Md*

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.