

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41071

State File No.

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 1589

272

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>36 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		0272
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home 1408 Sixth St.</u>			d. STREET ADDRESS (If rural, give location) <u>1408 Sixth St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henrietta</u>		b. (Middle) <u>Huellhorst</u>		c. (Last) <u>Delius.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 19 1951</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 17 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months
					IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>4 Weatenberg, Germany</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Henry Hellhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Delius.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Delius, Boonville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-18</u> , 19 <u>51</u> , to <u>12-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>51</u> , and that death occurred at <u>3:05 A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>T. C. Beckett, M.D.</u>			23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>12-19-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>December 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>12-19-51</u>		REGISTRAR'S SIGNATURE <u>D. Cooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>	

RECEIVED 12-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-26-51

NOV 19 1951

JAN 16 1953

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. 433

working under my personal supervision.

Student F. William Kasman
Student Embalmer

Signed G. F. Peller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.