

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42119

State File No.

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 142

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>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2108 Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2108 Madison</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>O'Brien</u>	c. (Last) <u>Henry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 31, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hard mine</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomfield, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George A. Henry</u>	13b. MOTHER'S MAIDEN NAME <u>Martha McClelland</u>	14. NAME OF HUSBAND OR WIFE <u>Susan Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Span, Am 1899-1901</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susan Henry, Lexington, Missouri</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u> <u>year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>352x</u>	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1945, to Dec. 30, 1951, that I last saw the deceased alive on Dec. 30, 1951, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Brasher MD.</u>	(Degree or title)	23b. ADDRESS <u>Lexington, Mo.</u>	23c. DATE SIGNED <u>1/4/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>January 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>1-6-52</u>	REGISTRAR'S SIGNATURE <u>Thomas E. ...</u>	156-0	6. FUNERAL DIRECTOR'S SIGNATURE <u>Forest F. ...</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 8 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 8 1952

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.