

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1701734
State File No. 3579
County 79 to Genl. Registrar's No. 79

FILED JUN 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4245</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: address before admission)			
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>		c. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Alba</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alba</u>		d. STREET ADDRESS (If rural, give location) <u>Alba, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alba, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Alba, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Alba, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Alba, Mo.</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Estella</u>	b. (Middle) <u>Mariah</u>	c. (Last) <u>Henry</u>	Date (Month) (Day) (Year) <u>May 24, 1952</u>	Female	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 8, 1883</u>
9. AGE (In years last birthday) <u>69</u>	10. MONTHS <u>4</u>	11. DAYS <u>16</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	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 (City and State or Foreign Country) <u>Alba, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Sims</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Maddock</u>		14. NAME OF HUSBAND OR WIFE			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude A. Dooley 724 Chestnut St. Joplin, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>				<u>Several years</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		<u>Coronary insufficiency</u>				<u>5/1/51</u>	
		<u>5/14/52</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>4201</u>					
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) (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>5/8</u> , 19 <u>51</u> , to <u>2/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/8</u> , 19 <u>52</u> , and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>420 Byers, Joplin, Missouri</u>		23c. DATE SIGNED <u>5/26/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friends Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purcell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 26-1952</u>		REGISTRAR'S SIGNATURE <u>Mr. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnice-Simpson, Webb City, Mo.</u>			

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

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RECEIVED 6-2-52
Jasper County Health Office
County File Number 52/6/405
Date Filed 6-2-52

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 *Jack C. Simpson*
Licensed Embalmer No. *4647*

P. O. Address *Webb City, 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.