

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17202**

FILED JUN 6 1952

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) Fredericktown		c. CITY (If outside corporate limits, write RURAL and give township) Fredericktown	
c. LENGTH OF STAY (In this place) 29 yrs		d. STREET ADDRESS (If rural, give location) 809 So Maple	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) J 8091 South Maple St			

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) C c. (Last) HENLINE			4. DATE OF DEATH (Month) (Day) (Year) May 28 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 16 1881		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR: Months Days 11. IF UNDER 12 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work conducting part of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME John Crain		13b. MOTHER'S MAIDEN NAME Oliver		14. NAME OF HUSBAND OR WIFE Truman R Henline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Truman R Henline 809 S Maple	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RIGHT VENTRICULAR FAILURE			INTERVAL BETWEEN ONSET AND DEATH 1 DAY
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPSTATIC PNEUMONIA			2 DAYS
		DUE TO (c) CEREBRAL HEMORRHAGE (PROGNOSIS of PT. GRAVE AT ONSET)			3 DAYS
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33.1X		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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5-28-52 5:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 5/28, 1952, to 5-28-1952, that I last saw the deceased alive on 5-28, 1952, and that death occurred at 9:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert J. Dutton, D.O.		23b. ADDRESS 117 W. MAIN ST. Fredericktown, Missouri		23c. DATE SIGNED 5/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-30-1952		24c. NAME OF CEMETERY OR CREMATORY Christian Cem	
		24d. LOCATION (City, town, or county) (State) Fredericktown Mo			

DATE REC'D BY LOCAL REG. 5-28-1952		REGISTRAR'S SIGNATURE Thomas Hicks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Na'im Funeral Home Fredericktown Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MADISON COUNTY POLICE DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUN 5 - 1952

FILE NO. 652-30

MS SEP 8 0 1960

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.....
Student Embalmer

Signed

Howard P Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, 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.