No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28781

BIRTH NO. 30494 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5771 Registrar's No. 46

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

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Marian Twp.)
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Marian Twp.) 0650
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Hubert b. (Middle) Richard c. (Last) Henry

4. DATE OF DEATH (Month) (Day) (Year): July 21, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: May 9, 1952
9. AGE (In years last birthday): If under 1 year: Months 2, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hubert Henry
13b. MOTHER'S MAIDEN NAME: Mildred Stanford
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): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hubert Henry ADDRESS: Mercer Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Suffocation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) by bedcovers
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9240 18

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 065
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mercer Mercer Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 21-1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: while sleeping in bed

22. *I hereby certify that I attended the deceased from* May 9, 1952, *to* July 21, 1952, *that I last saw the deceased alive on* July 19, 1952, *and that death occurred at* 5:30 H m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo Davison DO
23b. ADDRESS: Mercer, Mo
23c. DATE SIGNED: Aug 18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Lineville Iowa

DATE REC'D BY LOCAL REG.: 9-5-52
REGISTRAR'S SIGNATURE: Joe Moss 393
25. FUNERAL DIRECTOR'S SIGNATURE: Jones Greenlee
ADDRESS: Lineville Iowa

(Licensed Embalmer's Statement on Reverse Side)

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 Owen L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Lineville Iowa

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.