

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 120 **PRIMARY REG. DIST. NO.** 4194 **Registrar's No.** 757

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Gentry</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>903 S. Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Fay's Nursing Home</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Henton</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 26, 1952</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 26, 1882</u>
<b>9. AGE</b> (In years last birthday) <u>70</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Gentry County Mo</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>			
<b>13a. FATHER'S NAME</b> <u>Talbert Henton</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Hannah Beck</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Pruela Mae Henton</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. James Needles</u> <b>ADDRESS</b> <u>Albany, Mo</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Phlebotomy</u>  <b>DUE TO (c)</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 Wks.</u>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Albany Mo</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept 1, 1952</u> <b>to</b> <u>Sept 26, 1952</u> , <b>that I last saw the deceased alive on</b> <u>Sept 26, 1952</u> , <b>and that death occurred at</b> <u>7 1/2 m.</u> , <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>E. J. Williamson Do 2</u>		<b>23b. ADDRESS</b> <u>Gentry Mo</u>	<b>23c. DATE SIGNED</b> <u>Oct 1-52</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>9/28/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Grandview</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Albany Mo</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Oct 3-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maudie Williams</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Clifford Brooks</u> <b>ADDRESS</b> <u>Albany Mo</u>	

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

380  
4

0386

1000

MAY 25 1954

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.