

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

29129

FILED AUG 31 1953

BIRTH NO. ....

REG. DIST. NO. 164

PRIMARY REG. DIST. NO. 3032

Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>		c. LENGTH OF STAY (In this place) <b>15 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>		0512	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>317 East Market Street</b>				d. STREET ADDRESS (If rural, give location) <b>317 East Market Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Clifford</b>		a. (First) <b>Orland</b>		b. (Middle) <b>Henry</b>		c. (Last)	
4. DATE OF DEATH <b>August 16, 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 11, 1904</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days Hours Mts.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineering Clerk</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pub. Service</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Walter M. Henry</b>	
13b. MOTHER'S MAIDEN NAME <b>Hettie L. Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Oka Margueritee Henry</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-03-9893</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clifford Henry, Warrensburg, Mo</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Medical Certification</b> <b>Thyroidal Infarction</b> <b>Stroke</b>		19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>Warrensburg, Missouri</b>		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? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>7:30</b> <b>PM</b> , to <b>8-16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>7-30</b> , 19 <b>53</b> , and that death occurred at <b>7:30 PM</b> , from the causes and on the date stated above.							
22a. SIGNATURE (Registrar title) <b>W. D. Sedeser</b>				23b. ADDRESS <b>Warrensburg, Missouri</b>		23c. DATE SIGNED <b>9/17/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 19, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield</b>		24d. LOCATION (City, town, or county) (State) <b>Greenfield, Missouri</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Aug. 21, 1953 Savannah C. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips</b>		ADDRESS <b>Warrensburg, Mo.</b>		(Licensed Embalmer's Statement on Reverse Side)	

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

MAR 17 1954

RECEIVED  
AUG 25 1953  
GENERAL

JOHNSON COUNTY HEALTH DEPT.

SEP 3 1953

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

*J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.