

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35522**

FILED OCT 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **5-8**

|                                                                                                   |  |                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin County</b>                                             |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sullivan, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>                                              |  |
| c. LENGTH OF STAY (If in this place) <b>1 1/2 yrs</b>                                             |  | d. STREET ADDRESS (If rural, give location) _____                                                                                           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Side Hospital</b>                                |  |                                                                                                                                             |  |

|                                                               |                              |                        |                                                               |
|---------------------------------------------------------------|------------------------------|------------------------|---------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Glen</b> | b. (Middle) <b>Cleveland</b> | c. (Last) <b>Henry</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 17, 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 (last birthday) <b>Jan. 18, 1929</b> | 9. AGE (In years) (Month) (Day) (Hour) (Min.)<br><b>24</b> |
|--------------------|-------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|

|                                                                                                           |                                         |                                                                               |                                            |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during part of the life, even if retired) <b>Technician</b> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <b>Grubville, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------|

|                                        |                                                |                                                        |
|----------------------------------------|------------------------------------------------|--------------------------------------------------------|
| 13a. FATHER'S NAME <b>Claude Henry</b> | 13b. MOTHER'S MAIDEN NAME <b>Floyd Perkins</b> | 14. NAME OF HUSBAND OR WIFE <b>Jacqueline R. Henry</b> |
|----------------------------------------|------------------------------------------------|--------------------------------------------------------|

|                                                                              |                                                          |                                            |                                                                      |               |
|------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> | (If yes, give war or dates of service) <b>Korean War</b> | 16. SOCIAL SECURITY NO. <b>495-28 2169</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Henry, St. Clair, Mo.</b> | ADDRESS _____ |
|------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------|---------------|

|                                                                                                  |                                                                                                 |  |                                  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))                         | MEDICAL CERTIFICATION                                                                           |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____                                     | _____ <b>Basilar Skull fracture</b>                                                             |  | <b>1 1/2 hrs</b>                 |
| ANTECEDENT CAUSES                                                                                | DUE TO (b) _____                                                                                |  |                                  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) _____                                                                                |  |                                  |
| 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 _____ | 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)<br><b>Washington (Franklin) Mo.</b> |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                                       |                                                                                                        |                                  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 **10/17, 1953**, to **10/17, 1953** that I last saw the deceased alive on **10/17, 1953**, and that death occurred at **3:00 PM**, from the causes and on the date stated above.

|                                                            |                                  |                                  |
|------------------------------------------------------------|----------------------------------|----------------------------------|
| 23a. SIGNATURE <b>John J. Delaune MD</b> (Degree or title) | 23b. ADDRESS <b>Sullivan, Mo</b> | 23c. DATE SIGNED <b>10/19/53</b> |
|------------------------------------------------------------|----------------------------------|----------------------------------|

|                                                         |                           |                                                        |                                                                   |
|---------------------------------------------------------|---------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>10 20 53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Grubville Mo</b> | 24d. LOCATION (City, town, or county) (State) <b>Grubville Mo</b> |
|---------------------------------------------------------|---------------------------|--------------------------------------------------------|-------------------------------------------------------------------|

|                                          |                                                 |                                                           |                            |
|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|----------------------------|
| DATE REC'D BY LOCAL REG. <b>10/19/53</b> | REGISTRAR'S SIGNATURE <b>Thomas A. Humphrey</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Casey &amp; Leary</b> | ADDRESS <b>St Clair Mo</b> |
|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

610  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 21 1954

001 2 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. F. Oltman

Licensed Embalmer No. 1686

P. O. Address Union 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.