No. 300
10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 1749

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 119 N. McGregor St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 1026 S. McGregor St 0493 0

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) REBEKAH
c. (Last) HENRY

4. DATE OF DEATH (Month) (Day) (Year) Jan 31-1954

5. SEX female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 9-1870
9. AGE (In years last birthday) 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John K. Gibson
13b. MOTHER'S MAIDEN NAME Arnata White
14. NAME OF HUSBAND OR WIFE Thomas K. Henryn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Ruby Leyendecker, ADDRESS 1026 S. McGregor St, Carthage, 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) Coronary ~~[illegible]~~ Occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile Dementia — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES [ ] NO [X]

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) Carthage (COUNTY) Jasper (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9-52, 19__, *to* 1-31, 1954, *that I last saw the deceased alive on* 1-24, 1954, *and that death occurred at* 8:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Carthage, Mo
23c. DATE SIGNED 2-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 2-2-1954
24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
24d. LOCATION (City, town, or county) (State) Jasper County, Mo

DATE REC'D BY LOCAL REG. 2-2-54
REGISTRAR'S SIGNATURE Lloyd B. Clinton MD 139-0
25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, ADDRESS Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)
M.C.

RECEIVED FEB 10 1954
Jasper County Health Office
County File Number 54-2-41
Date Filed FEB 10 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 44

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.