

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4688**

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **142** PRIMARY REG. DIST. NO. **5556** Registrar's No. **14**

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

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give RURAL and give town) Mountain View, Mo		c. CITY OR TOWN Birch Tree, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 Days		e. STREET ADDRESS (If rural, give location) Rural 1010 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Andrew c. (Last) Mc Henry			4. DATE OF DEATH (Month) (Day) (Year) Feb 23 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 20 1875	9. AGE (In years last birthday) 78	If UNDER 1 YEAR: Months 3 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Shannon County Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathanel McHenry		13b. MOTHER'S MAIDEN NAME Anna Oakley		14. NAME OF HUSBAND OR WIFE Amanda L McHenry	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank McHenry Birch Tree, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia (probably metastatic)		INTERVAL BETWEEN ONSET AND DEATH 2 to 3 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic leukemia (probably)		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				177 X	

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)	
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 **Feb 15**, 19**54**, to **Feb 23**, 19**54**, that I last saw the deceased alive on **2-23**, 19**54**, and that death occurred at **10:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE H. T. Stewart (Degree or title) MD		23b. ADDRESS Mountain View Mo		23c. DATE SIGNED 2-25-54	
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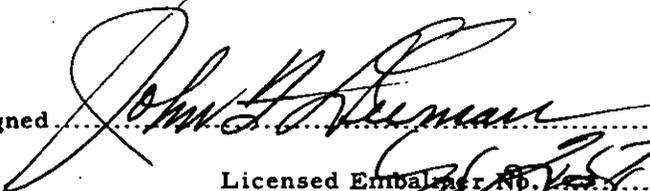
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 25 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo	
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DATE REC'D BY LOCAL REG. 2/26-04		REGISTRAR'S SIGNATURE Laura Mitchell 126		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo	
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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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No.

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.