

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8698**

No. 300
10-48

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1112**

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

| | | | | | |
|---|---|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONTGOMERY | | |
| b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY | | c. LENGTH OF STAY (in this place) 20 days | c. CITY OR TOWN FLEMINGTON | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | | e. STREET ADDRESS (If rural, give location) 0700 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WALTER | | b. (Middle) ALLEN | c. (Last) HENZE | 4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH March 27, 1892 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Adolph Henze | | 13b. MOTHER'S MAIDEN NAME Minnie Shearnire | | 14. NAME OF HUSBAND OR WIFE RETA | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, Kansas City, 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchogenic carcinoma left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) w/metastases DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | 162A |
| 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) VA | | 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 February 20 1954 , to March 12, 1954 , and that death occurred at 1:25A m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE T. J. Rankin MD | | (Degree or title) D. | 23b. ADDRESS VA Hospital, Kansas City, Mo. | | 23c. DATE SIGNED 3/12/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE MAR-12-1954 | 24c. NAME OF CEMETERY OR CREMATORY FLEMINGTON CEM. | 24d. LOCATION (City, town, or county) (State) Flemington Missouri | | |
| DATE REC'D BY LOCAL REG. 3-12-54 | | REGISTRAR'S SIGNATURE Sheraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE D.H. Ducomeris | ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | |

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 *Basil W. Honey*

Licensed Embalmer No. *479*

P. O. Address *Island*

**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.**