

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14734

State File No. _____

FILED MAY 10 1954

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| BIRTH NO. _____ | | REG. DIST. NO. <u>374</u> | | PRIMARY REG. DIST. NO. <u>6275</u> | | Registrar's No. <u>18</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Worth</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Smith</u> <u>6275</u> | | c. LENGTH OF STAY (in this place) <u>14 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Smith</u> <u>6275</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>1130</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Robert</u> c. (Last) <u>McHenry</u> | | | 4. DATE OF DEATH April 18, 1954 | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 20, 1894</u> | | |
| | | | | 9. AGE (in years last birthday) <u>56</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ 11. IF UNDER 1 MIN. Hours _____ Mins. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hatfield, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | |
| 13a. FATHER'S NAME <u>George W. McHenry</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rosie Coughenrowe</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ruby Viola McHenry</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Viola McHenry</u> ADDRESS <u>Mt. Ayr, Iowa</u> | | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 Hours</u> <u>3 Years</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | 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) _____ m. | | 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 <u>Apr 11, 1953</u> to <u>April 18, 1954</u> , that I last saw the deceased alive on <u>April 18, 1954</u> , and that death occurred at <u>11a</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Frank B. Hultgren M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Grant City, Mo</u> | | 23c. DATE SIGNED <u>4-19-54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 21, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mt. Ayr, Iowa</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-19-54</u> | | REGISTRAR'S SIGNATURE <u>Robert E. Dawson</u> <u>345-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Dunfee</u> ADDRESS <u>Grant City</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

Bill A. Dunfee

Licensed Embalmer No. *4908*

P. O. Address *Grant City, 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.