

No. 300
10-48

18096

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 365

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | c. LENGTH OF STAY (in this place) <u>4 days</u> | c. CITY OR TOWN <u>Senath</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | No. STREET ADDRESS (If rural, give location) <u>City</u> <u>0-3 J^c /</u> | |

| | | |
|---|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>EMMETT</u> | a. (First) _____ b. (Middle) <u>F.</u> c. (Last) <u>HENRY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 17, 1954</u> |
|---|---|--|

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 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>Dec. 21, 1905</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

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

| | | |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Frank Henry</u> | 13b. MOTHER'S MAIDEN NAME <u>Sallie Chronister</u> | 14. NAME OF HUSBAND OR WIFE <u>Lossie Henry</u> |
|---------------------------------------|--|---|

| | | | |
|--|--|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Lossie Henry, Senath, Missouri</u> | ADDRESS _____ |
|--|--|---|---------------|

| | | | |
|--|--|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u> <u>2 mos</u> <u>?</u> <u>?</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Acute Retention of Urine</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large Nodular Prostate</u> <u>Old Pulmonary Tuberculosis</u> | | |

| | | |
|------------------------------|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>610 X A</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) _____ | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:50P m., from the causes and on the date stated above.

| | | |
|---|---|------------------------------------|
| 23. SIGNATURE <u>C. A. Brinkman</u> (Degree or title) _____ | 23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u> | 23c. DATE SIGNED <u>25 June 54</u> |
|---|---|------------------------------------|

| | | | |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 20, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Senath Cemetery</u> | 24d. LOCATION (City, town, of county) (State) <u>Senath, Missouri</u> |
|---|--------------------------------|---|---|

| | | | |
|---|--|---|---|
| DATE REC'D BY LOCAL REG. <u>6/28/54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Handess Funeral Home, Campbell, Mo</u> |
|---|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 6 - 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 3 1954

JUL 8

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 Christina M. Landess

Licensed Embalmer No. 422

P. O. Address Campbell,

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.