

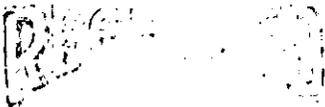
FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23708

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>5778</u>		Registrar's No. <u>18-64</u>			
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley</u>		d. STREET ADDRESS (If rural, give location) <u>P.R. #2</u> <u>0660</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>P.R. #2</u> <u>0660</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>			b. (Middle) <u>H</u>		c. (Last) <u>FICHHOLTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>12-54</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>DEC 5, 1857</u>		9. AGE (In years last birthday) <u>96</u> UNDER 1 YEAR: Months _____ Days _____ IF OVER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mathew Eisholz</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Timmon</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Adolf Runkler Henley</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u>	
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>						<u>6 Months</u>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Dec</u> , 19 <u>50</u> , to <u>7-12-1954</u> , that I last saw the deceased alive on <u>7-10-1954</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. E. Humphrey D.O.</u>				23b. ADDRESS <u>Luscombia, Mo.</u>				23c. DATE SIGNED <u>7-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lady of Snow</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July-16-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffen Russell</u>		ADDRESS <u>Boonville Mo.</u>			

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



JUL 28 1956

MILLER COUNTY HEALTH
DEPARTMENT

DEC 24 1956

MAR 15 1956

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 *J. M. Steffens*

Licensed Embalmer No. 2307

P. O. Address. Russellville, 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.