

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25911

State File No.

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6093 Registrar's No. 130

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marshall Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | |
| c. LENGTH OF STAY (in this place) <u>6 months</u> | | d. STREET ADDRESS (If rural, give location) <u>Unknown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline County Home</u> | | | |

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|--|--------------------------|-------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>George</u> | b. (Middle) _____ | c. (Last) <u>Hennings</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1954</u> |
|--|--------------------------|-------------------|---------------------------|--|

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|--------------------|-------------------------------|---|--|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Sept. 14, 1876</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Yard</u> | 11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-----------------------------------|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter Brown</u> | ADDRESS <u>Marshall, Mo.</u> |
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| 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>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Sclerosis</u> | | |

| | | |
|------------------------------|---|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4/201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ |
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| | | |
|--|--|----------------------------------|
| 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 6/30, 1954, to 7/19, 1954, that I last saw the deceased alive on 7/18, 1954 and that death occurred at 5:40 p.m., from the causes and on the date stated above.

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|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>Marshall, Mo.</u> | 23c. DATE SIGNED <u>7/20/54</u> |
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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 21, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Saline County Home</u> | 24d. LOCATION (City, town, or county) (State) <u>Saline County, Mo.</u> |
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|---|--|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>7-20-54</u> | REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> <u>335</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> | ADDRESS <u>MARSHALL, Mo.</u> |
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(Licensed Embalmer's Statement of Reverse Side)

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

970
5

0972
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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
Student Embalmer

Signed _____

James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.