No. 300
10-48

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8677

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. 13

540
1

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clay Twns.
c. LENGTH OF STAY (in this place): [redacted] 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Odessa
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0549

3. NAME OF DECEASED (Type or Print): a. (First) Theodore b. (Middle) C. c. (Last) Henning

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Feb. 27, 1906
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Concordia, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Henry Henning
13b. MOTHER'S MAIDEN NAME: Margaretha Brandt
14. NAME OF HUSBAND OR WIFE: Georgie Henning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-20-3662
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Georgie Henning, Odessa, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by gunshot — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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. E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* the death on *19*__, *to* March 10, *19*55, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 8 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Martin M.D. Coroner
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 3-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 12, 1955
24c. NAME OF CEMETERY OR CREMATORY: Odessa Cemetery
24d. LOCATION (City, town, or county) (State): Odessa, Mo.

DATE REC'D BY LOCAL REG.: 3-10-55
REGISTRAR'S SIGNATURE: Emma Davidson 453
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Husman-Sparks Odessa, Mo. Irving E. Husman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William T. Sparks.

Licensed Embalmer No....44

P. O. Address..Odessa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.