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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23260

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monroe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN: Unionville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0860

3. NAME OF DECEASED (Type or Print)
a. (First): Noah
b. (Middle):
c. (Last): McHenry

4. DATE OF DEATH (Month) (Day) (Year): July 20 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 2 1870
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 4, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Bedford Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: George McHenry
13b. MOTHER'S MAIDEN NAME: Inec Caster
14. NAME OF HUSBAND OR WIFE: Clarisa Ellen McHenry
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Amy Tissing — ADDRESS: Milan 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — years

DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Senile debility — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from July 15, 1955, to July 20, 1955, that I last saw the deceased alive on July 20, 1955, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title): Chas L. Judd DO
23b. ADDRESS: Unionville Mo
23c. DATE SIGNED: 7/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-24-55
24c. NAME OF CEMETERY OR CREMATORY: Unionville Cemetery
24d. LOCATION (City, town, or county) (State): Unionville, Mo.

DATE REC'D BY LOCAL REG.: 7-23-55
REGISTRAR'S SIGNATURE: Morrell Durbin
.266
25. FUNERAL DIRECTOR'S SIGNATURE: Comstock Funeral Home By J.W. Comstock
ADDRESS: Unionville, Mo.

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Comstock

Licensed Embalmer No. 419

P. O. Address Uniontill

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