

FILED SEP 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27781

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6786

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>Metropolis</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>412 W 6th St. #1208</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milo</u>		b. (Middle) _____		c. (Last) <u>HENLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 3 55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 25, 1879</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>TEMPLE HILL - ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LAFAYETTE HENLEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLOYD HENLEY, METROPOLIS, ILL.</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Ca.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of the right lung.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>5-16-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of the right lower lobe.</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) (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>5-15</u> , 19 <u>55</u> , to <u>8-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-2</u> , 19 <u>55</u> , and that death occurred at <u>7:55</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward J. Jordan M.D.</u>				23b. ADDRESS <u>Missouri Pacific</u>		23c. DATE SIGNED <u>Aug 3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Metropolis, Ill.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>AUG 4 1955</u>		REGISTRAR'S SIGNATURE <u>Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36.....

P. O. Address St. Louis.....

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