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

FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28647

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 2074 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON
c. LENGTH OF STAY (In this place): 30YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 407 S. KINGSHIGHWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON 1003
d. STREET ADDRESS (If rural, give location): 407 S. KINGSHIGHWAY

3. NAME OF DECEASED (Type or Print): a. (First) GLENNIE b. (Middle) SMITH c. (Last) HENRY
4. DATE OF DEATH (Month) (Day) (Year): 9-6-1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 23 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 3 Days 13 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): CALADONIA Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: JAMES C. SMITH
13b. MOTHER'S MAIDEN NAME: GLENDORA SANDUSKY
14. NAME OF HUSBAND OR WIFE: THOMAS F. HENRY
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.: 0
17. INFORMANT'S SIGNATURE OR NAME: J. F. Henry — ADDRESS: Sikeston Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years ?

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.* Chronic bronchitis — 6 yr ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443 X
20. AUTOPSY? YES ☐ NO ☒

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* 3-21-, 1952, *to* Sep-10, 1955, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. C. Crutchlow (Degree or title) MD
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: Sept 10, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-8-55
24c. NAME OF CEMETERY OR CREMATORY: EVERGREEN
24d. LOCATION (City, town, or county) (State): NEW MADRID MO

DATE REC'D BY LOCAL REG.: 9-12-55
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429 8
25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home — ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1955

DATE RECEIVED SEP 12 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 955-195

SEP 23 1955

MAR 20 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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Silverton Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.