

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH4410 State File No. 34313  
Registrar's No. 55

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. <del>4410</del>		Registrar's No. 55			
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. James		d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				STREET ADDRESS (If rural, give location) 0810					
3. NAME OF DECEASED (Type or Print)			a. (First) Nora		b. (Middle) Lillian		c. (Last) Henry		
4. DATE OF DEATH		(Month) Oct		(Day) 10		(Year) 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 20, 1890			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 8		IF UNDER 1 DAY Days 20		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. James, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Richard Kingston			13b. MOTHER'S MAIDEN NAME Mary DeLarze			14. NAME OF HUSBAND OR WIFE Charles Henry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Henry St. James, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Antecedent Causes: Atherosclerosis, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus 260XHu DUE TO (c) Carcinoma of the Cervix II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 Days Indefinite u	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				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) (Minute)			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>Jan 3 - 15, Oct 10 - 1955</u> , that I last saw the deceased alive on <u>Oct 10, 1955</u> , and that death occurred at <u>10:15 PM</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Jess. G. Gahr</u> M.D.				23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>10/13/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>10-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-13-55. 276</u>		REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> 4410		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse Gahr</u>		ADDRESS <u>St. James, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED:

Phelps County Health Officer,

County File Number 241

Date Filed OCT 15 1955

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.....



Licensed Embalmer No. 4486

200 S. Merame

P. O. Address St. James,

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.