

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36021**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1224		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Dekalb				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (In this place) Week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville		0820		
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital (Missouri)				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED a. (First) Riley (Type or Print)			b. (Middle) Fomon		c. (Last) Henry		4. DATE OF DEATH (Month) (Day) (Year) 11 - 18 - 55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 18, 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Store		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME S.E. Henery			13b. MOTHER'S MAIDEN NAME Nancy Riggs		14. NAME OF HUSBAND OR WIFE Lena 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. 486-30-0599		17. INFORMANT'S SIGNATURE OR NAME Mrs Lena Henry ADDRESS Maysville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right lower lobe pneumonia						hours	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bacteremia						hours	
	DUE TO (c) Prostatic obstruction and purulent cystitis						1-2 yrs.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic heart disease and myocardial infarctions; Renal failure						2-10 yrs.	
19a. DATE OF OPERATION 11-17-55		19b. MAJOR FINDINGS OF OPERATION Hemorrhage and purulent cystitis						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)		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 11-17, 1955 , to 11-18, 1955 , that I last saw the deceased alive on 11-18, 1955 , and that death occurred at 6:45 A.M. from the causes and on the date stated above.								
23a. SIGNATURE Cary A. Rottler, Jr. M.D. (Name or title)				23b. ADDRESS Physicians & Surgeons Bldg. St. Joseph, Mo.		23c. DATE SIGNED 11/29/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Bural		24b. DATE 11-20-55	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Maysville Mo.			
DATE REC'D BY LOCAL REG. Nov 22, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison 485-9		25. FUNERAL DIRECTOR'S SIGNATURE John Brown		ADDRESS Maysville Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED
MAR 24 1931

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Maysville Mo

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

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