

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

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write name of township) Maryville - enroute to hospital LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural - Union	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. East of Maryville		e. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) Nelson b. (Middle) Earl c. (Last) Henry			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1896
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Sheridan, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Harve Henry		13b. MOTHER'S MAIDEN NAME Jennie Davidson	
14. NAME OF HUSBAND OR WIFE Vesta Vain Henry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 484-01-0762	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Henry - Sheridan, Missouri	
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) Acute Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
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) _____	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 _____, 19 ⁵³ , to Nov 10 , 19 ⁵⁵ , that I last saw the deceased alive on Nov 1 , 19 ⁵⁵ , and that death occurred at 2 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank B. Mattison, Md (Degree or title) MD		23b. ADDRESS Grant City, MO	23c. DATE SIGNED 11-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Honey Groove Cemetery	24d. LOCATION (City, town, or county) (State) Worth County, Missouri
DATE REC'D BY LOCAL REG. 12-3-55	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill A. Duffee - D.C., Mo.	

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.....
Signature of Student Embalmer

Signed *Bill A. Dunfee*.....

Licensed Embalmer No. *496*

P. O. Address *Grant, Ci.*

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