No. 300
10-48

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6001

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 5

0920 1

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) O'Fallon
c. LENGTH OF STAY (in this place) -----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN O'Fallon
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) ---------

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3. NAME OF DECEASED (Type or Print) a. (First) Clem b. (Middle) F. c. (Last) Henke

4. DATE OF DEATH (Month) (Day) (Year) Mar. 3 1956

5. SEX Male O

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 4 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) retired mechanic

10b. KIND OF BUSINESS OR INDUSTRY Automobile

11. BIRTHPLACE (City and State or Foreign Country) O'Fallon Mo. rural

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marcus Henke

13b. MOTHER'S MAIDEN NAME Hemmer

14. NAME OF HUSBAND OR WIFE Marie Henke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 496-14-8459

17. INFORMANT'S SIGNATURE OR NAME Marie Henke O'Fallon Mo. ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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* Jan. 26, 1956, *to* March 3, 1956, *that I last saw the deceased alive on* March 2, 1956, *and that death occurred at* 9:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Harold A. Mangold (Degree or title) D.O.

23b. ADDRESS O'Fallon Mo

23c. DATE SIGNED March 5, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 6 1956

24c. NAME OF CEMETERY OR CREMATORY Assumption

24d. LOCATION (City, town, or county) O'Fallon Mo. (State)

DATE REC'D BY LOCAL REG. March 6-56

REGISTRAR'S SIGNATURE E. A. Keithly 280 0

25. FUNERAL DIRECTOR'S SIGNATURE E A Keithly ADDRESS O'FallonMo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 0 4 1956

AUG 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E A Keithly

Licensed Embalmer No. 87

P. O. Address Falls

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