

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH12322
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)					
a. COUNTY <u>Benton</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cole Camp</u>)		a. STATE <u>Missouri</u>		b. COUNTY <u>Benton</u>			
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township): <u>Cole Camp</u>		d. STREET ADDRESS (If rural, give location) -----					
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) -----					
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			
a. (First) <u>Amelia</u>	b. (Middle) -----	c. (Last) <u>Henning</u>	(Month) <u>May</u>	(Day) <u>10th</u>	(Year) <u>1956</u>	Female	6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 24th 1883</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bebra, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>John Meyer</u>				
13b. MOTHER'S MAIDEN NAME <u>Katherine Simon</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					
16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Henning</u>			ADDRESS <u>Cole Camp Mo</u>					
18. CAUSE OF DEATH				MEDICAL CERTIFICATION					
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u>					
II. ANTECEDENT CAUSES				DUE TO (b) <u>Congestive Heart Disease</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Cardiac enlargement</u>					
III. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</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)		4341			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 27, 1952</u> , to <u>5/18, 1956</u> , that I last saw the deceased alive on <u>5/8, 1956</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>Harold B. Wickham, D.O.</u>				23b. ADDRESS <u>Cole Camp Mo</u>				23c. DATE SIGNED <u>5/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11th 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 9, 1956</u>		REGISTRAR'S SIGNATURE <u>B. L. Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. L. Eickhoff</u>					
				ADDRESS <u>Cole Camp Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

9561 2 NOPY

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 E. K. Eickhoff.....

Licensed Embalmer No. 730.....

P. O. Address..... Cole Camp Mo.

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.