

FILED MAY 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17350

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden c. CITY OR TOWN Richland, Mo	
b. CITY (If outside corporate limits, write RURAL and give township) Waynesville, Mo Rural		c. LENGTH OF STAY (in this place) 7 hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None.		f. STREET ADDRESS (If rural, give location) Rural Rt. # 3	

3. NAME OF DECEASED (Type or Print) John	a. (First)	b. (Middle) Lee	c. (Last) Henry	4. DATE OF DEATH May 22 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 9, 1937	9. AGE (In years last birthday) 19	IF UNDER 12 Months Days	IF UNDER 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Waynesville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Virgil Roy Henry	13b. MOTHER'S MAIDEN NAME Mae Bell Brown	14. NAME OF HUSBAND OR WIFE None.
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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. Unknown.	17. INFORMANT'S SIGNATURE OR NAME Virgil Roy Henry	ADDRESS Richland, Mo Rt# 3
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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) Asphyxiation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DROWNING		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 085 42	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gasconade River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hwy 17 Waynesville, Mo Rural.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 22 56 3:00 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Drown..
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22. I hereby certify that I attended the deceased ~~from~~ **on** 5/22, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 P., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) County Coroner. 3	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 5/23/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/25/56	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24d. LOCATION (City, town, or county) (State) Richland, Missouri
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DATE REC'D BY LOCAL REG. 5-23-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hedges Funeral Home Richland, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-23-52
Pulaski County Health Officer
File Number
Date Paid 5-26-52

JUN 1 1956

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 *Clarence Phose*

Licensed Embalmer No. 489

P. O. Address *Waynesville*

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.