

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20540**
2481

FILED JUL 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH --a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Louisiana b. COUNTY Acadia	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 3 WEEKS	c. CITY OR TOWN Rayne	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 St. Lukes Hospital		* STREET ADDRESS (If rural, give location) 311 102 W. JEFF DAVIS	

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) S.	c. (Last) Henry	4. DATE OF DEATH (Month) (Day) (Year) 6-5-56
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-4-78	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER Irrigation Co.	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) HENRY, LOUISIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME STEVE HENRY	13b. MOTHER'S MAIDEN NAME BETTY MORGAN	14. NAME OF HUSBAND OR WIFE BETTY HARRISON HENRY
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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. -	17. INFORMANT'S SIGNATURE OR NAME DR. CECIL W. HENRY	ADDRESS 817 JEFFERSON, K.C. MO
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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, asphyxia, 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) generalized arteriosclerosis		_____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4500
II. OTHER SIGNIFICANT CONDITIONS cardiac hypertrophy, cholecysto-duodenal fistula		_____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 5-30, 1956, to 6-5, 1956, that I last saw the deceased alive on 6-5, 1956, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Walter C. Ingham MD (Degree or title) D	23b. ADDRESS 241 Tenth Bldg KC 12 Mo	23c. DATE SIGNED 6-6-56
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JUNE 6, 1956	24c. NAME OF CEMETERY OR CREMATORY METHODIST CEMETERY	24d. LOCATION (City, town, or county) (State) RAYNE LOUISIANA
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DATE REC'D BY LOCAL REG. 6-6-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons	ADDRESS Kansas City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

a. 300
0. 48

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 *Basil V. Honey*.....

Licensed Embalmer No. *H. 7. 2*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.