

FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5877

State File No. ....

BIRTH NO. .... REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Ray County, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Richmond, Mo</u> )		c. CITY OR TOWN <u>Norborne, Mo</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (In this place) <u>5 Days</u>		e. STREET ADDRESS (If rural, give location) <u>404 S. Walnut Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richmond Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Henks</u> c. (Last) <u>Henks</u>	4. DATE OF DEATH <u>March 7/1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 14, 1881</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>	IF UNDER 18 HRS. Hours <u>  </u> Mins. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter Building</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Peters Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bernard Henks</u>	13b. MOTHER'S MAIDEN NAME <u>Gertude Weimer</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Henks</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry L. Henks</u> ADDRESS <u>Norborne Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>331X</u> <u>  </u> <u>2</u>
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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?
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22. I hereby certify that I attended the deceased from Feb 23, 1957 to Mar 7, 1957, that I last saw the deceased alive on Mar 7, 1957 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry M. Griffith</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Richwood, Mo</u>	23c. DATE SIGNED <u>3-9-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/11/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2 M S E. Norborne, MO</u>
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DATE REC'D BY LOCAL REG. <u>Mar 9-1957</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Deitch</u> ADDRESS <u>Norborne Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

273

Received Mar. 9. 57

Name of Deceased: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Name of Embalmer: \_\_\_\_\_  
 Address of Embalmer: \_\_\_\_\_  
 Date of Embalming: \_\_\_\_\_  
 Place of Embalming: \_\_\_\_\_  
 Name of Undertaker: \_\_\_\_\_  
 Address of Undertaker: \_\_\_\_\_  
 Date of Interment: \_\_\_\_\_  
 Place of Interment: \_\_\_\_\_

**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 Me..... Student Embalmer No.....  
 working under my personal supervision..

Student.....  
 Signature of Student Embalmer

Signed John G. Deutch.....  
 Licensed Embalmer No. 3654.....  
 P. O. Address Norborne, Mo......

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