

FILED JUN 3 1957

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

'57 0 17 5 3 0

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview		c. LENGTH OF STAY (In this place) 1 yr	c. CITY OR TOWN Grandview
d. FULL NAME OF HOSPITAL OR INSTITUTION 12309 Third Street		e. STREET ADDRESS (If rural, give location) 12309 Third Street 7000	
3. NAME OF DECEASED (Type or Print) a. (First) Edward	b. (Middle) Sloop	c. (Last) Henton	4. DATE OF DEATH (Month) (Day) (Year) 5-20-57
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 27, 1906
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Oil Company	11. BIRTHPLACE (City and State or Foreign Country) Quenemo Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME C. E. Henton	
13b. MOTHER'S MAIDEN NAME Mary E. Sloop		14. NAME OF HUSBAND OR WIFE Golden Henton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes WW # 2		16. SOCIAL SECURITY NO. 487 07 7279	17. INFORMANT'S SIGNATURE OR NAME Golden Henton ADDRESS 801 Zumwalt, Grandview
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) stroke & hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) resulting from cerebral bleed.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) accident			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 9340			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 22		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) now Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5-20-57 2:33 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? torpedo victim	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. R. G. ...		23b. ADDRESS 6607 ...	23c. DATE SIGNED 5-21-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-23-57	24c. NAME OF CEMETERY OR CREMATORY Lyndon	24d. LOCATION (City, town, or county) (State) Lyndon, Kansas
DATE REC'D BY LOCAL REG. 5-21-57	REGISTRAR'S SIGNATURE ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.K. George & Sons Inc, Grandview, Mo	

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stirling E. Goddard*
Licensed Embalmer No. 4

P. O. Address *Grand*

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