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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25881
STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ✓ a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FARMINGTON <u>0940</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEOPATHIC HOSP.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) ROUTE #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LATTIE Middle ANN Last McHENRY			4. DATE OF DEATH Month JULY Day 9 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 15, 1880	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months 9 Days 24 Hours 0 Min. 0 IF UNDER 21 YRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES EVENS			14. MOTHER'S MAIDEN NAME Mary Jo Walker		
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. 493.30 7118	17. INFORMANT Address Mineral Area Hosp, Farmington, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion (acute) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic coronary disease DUE TO (c) Arteriosclerosis <u>H201</u>					INTERVAL BETWEEN ONSET AND DEATH 2 days 1 yr. 2 1/2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 11 P.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>1940</u> to <u>7/9/57</u> and last saw her <u>him</u> alive on <u>7/9/57</u> Death occurred at <u>11 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M.D. Redberg (Degree or Title)		22b. ADDRESS 2 1/2 St. Power Mo	22c. DATE SIGNED 7/11/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/13/1957	23c. NAME OF CEMETERY OR CREMATORY McHenry Family Cem.	23d. LOCATION (City, town, or county) (State) RFD#2, Farmington, Mo.		
24. FUNERAL DIRECTOR Boyer & Son ADDRESS Desloge, Mo		25. DATE RECD. BY LOCAL REG. July 11, 1957	26. REGISTRAR'S SIGNATURE Eather Rudloff		

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *S. T. Dayer*.....

Licensed Embalmer No. *316*

P. O. Address *Des Moines*

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.