

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27313

State File No. \_\_\_\_\_

FILED AUG 6 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4847 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>WOYTH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>WOYTH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u> <u>1130</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Scott Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>WARD</u> c. (Last) <u>Henry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1957</u>		
5. SEX <u>7</u> /	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 17, 1870</u>		9. AGE (In years last birthday) <u>77 yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thudus Ward</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Perry Henry</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Merle Henry - Hastings Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>7/21</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Total deafness</u> <u>Generalized Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>6000</u>			20. AUTOPSY? <u>2</u> 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1955, 19  , to 7-16, 1957, that I last saw the deceased alive on 7-16, 1957, and that death occurred at 12 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Matteson M.D.</u>		23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>7-18-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Paris, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>July 30, 1957</u>	REGISTRAR'S SIGNATURE <u>Keta C. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>K.A. Brann</u>	ADDRESS <u>Paris, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

*John Andrews*

Student Embalmer No. \_\_\_\_\_

working under no personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*John Andrews*

Licensed Embalmer No. 4211

P. O. Address Grant City 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 this body is not embalmed, fact should be so stated above.