

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1957

39817  
STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Campbell</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Malden</u> 035 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.B. Rest Home</u>		Length of stay in lb <u>18 days</u>	d. STREET ADDRESS (If outside, give location) <u>North Edward</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Hertie Henson</u>			4. DATE OF DEATH Month <u>11</u> - Day <u>3</u> - Year <u>1957</u> <del>1958</del>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1899-6-28</u>
9. AGE (In years last birthday) <u>58-4-5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work St. Louis</u>	11. BIRTHPLACE (City and state or country) <u>Missouri - Dunklin Co.</u>
10a. DURING MOST OF WORKING LIFE, EVEN IF RETIRED		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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.	17. INFORMANT <u>Ruth Griffey - Bloomfield MO</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pyelonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days +</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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? 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>10-31-57</u> to <u>11-2-57</u> and last saw her/him alive on <u>11-2-57</u> Death occurred at <u>2 PM 11-3-57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wallace C. Balay</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Campbell MO</u>	22c. DATE SIGNED <u>11-8-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Campbell MO</u>
24. FUNERAL DIRECTOR <u>T.C. Knight Malden MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-11-1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Paulah Crawford</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY HEA

DEPARTMENT 71-18-57

COUNTY FILE NUMBER 115

MAR 13 1958

FEB 5 1958

### 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 Thomas C. Knight .....

Licensed Embalmer No. 2189 .....

P. O. Address Malden 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.