

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47801
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Smithville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gower 6750 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hos.		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Elmer J. Henry			4. DATE OF DEATH Month Day Year Oct. 26 1957
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Grinder		10b. KIND OF BUSINESS OR INDUSTRY Grind Tools	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) Linneus Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John A. Henry		13b. MOTHER'S MAIDEN NAME Mahulda Stephenson	14. NAME OF HUSBAND OR WIFE Nilla Henry
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. unknown	17. INFORMANT Address Nilla Henry, Gower, 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) <u>Hepato-renal syndrome</u>			INTERVAL BETWEEN ONSET AND DEATH 48 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pro-angi-alcoholism</u> 10 to 15 years <u>Uremia</u> 48 hr. DUE TO (c) <u>Arteriosclerotic Heart Disease</u> + years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3221			
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 10-20-57 to 10-26-57 and last saw her alive on 10-26-57 Death occurred at 3 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Paul C. Stearns, Jr. M.D.</i>		22b. ADDRESS Smithville, Missouri	22c. DATE SIGNED 5-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	23d. LOCATION (City, town, or county) (State) Gower, Mo.
24. FUNERAL DIRECTOR John H. Murray, Gower, Mo.		25. DATE RECD. BY LOCAL REG. 5-20-58	26. REGISTRAR'S SIGNATURE <i>Alice Humphries</i> Deputy Registrar

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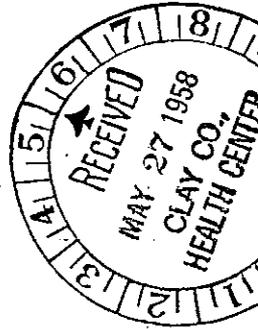
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John H. Murray*

Licensed Embalmer No. *2893*
P. O. Address *Gower 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.