

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006185  
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>NEAR ARNOLD MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FOUR OAKES</b>			Length of stay in 1b <b>4 MONTHS</b>	d. STREET (If outside, give location) ADDRESS <b>R.R. ARNOLD MO</b>			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> <b>George H. Henning Sr.</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>18,</b> Year <b>1958</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>AUG. 8 1883</b>		9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED R.R. WORKER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL ROAD</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
13. FATHER'S NAME <b>GEORGE J. HENNING</b>				14. MOTHER'S MAIDEN NAME <b>CLARA HELZER</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>703 07 9716</b>		17. INFORMANT Address <b>MRS GEORGE HENNINGS ARNOLD MO</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cor. Myocarditis</i> <i>Arterio Sclerosis</i> 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)							INTERVAL BETWEEN ONSET AND DEATH <b>4221</b>	
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 <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>								
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 <i>Imperial Jefferson Mo</i>		STATE <b>MO</b>		
21. I attended the deceased from <i>15/1956</i> to <i>18/1958</i> and last saw her/live on <i>2/8/58</i> . Death occurred <i>2/9/58</i> m on the date stated above and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Doctor or Heir) <i>Heiligtag</i>				22b. ADDRESS <i>Imperial Mo</i>		22c. DATE SIGNED <i>2/9/58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 21 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ARNOLD MO</b>				
24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME IMPERIAL MO</b>			ADDRESS	25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 25 1958  
MAR 12 1958  
MAR 10 1958

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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 *Elmer Heiligtag*

Licensed Embalmer No. *35*

P. O. Address *Imperial*

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.