

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015908
STATE FILE NUMBER
4788
Registrar's No.

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4442 Delmar	
3. NAME OF DECEASED (Type or print) Eliza Henry		4. DATE OF DEATH Month 5 Day 3 Year 58	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
13a. FATHER'S NAME Eugene Henry		13b. MOTHER'S MAIDEN NAME Louisiana Hunott	14. NAME OF HUSBAND OR WIFE
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 Camile Henry New Madrid, 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) ARTERIO-SCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH undet.
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) 420-0			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 _____ 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 4-10-58 to 5-3-58 and last saw her alive on 5-3-58 Death occurred at 8:17 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul M. Larson, M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 5-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5-5-58	23c. NAME OF CEMETERY OR CREMATORY New Madrid Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, Missouri
24. FUNERAL DIRECTOR ADDRESS Richards Funeral Home New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. MAY 5 58	26. REGISTRAR'S SIGNATURE Carl Smith

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harner H. Prutz*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

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.