

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029405

State File No. ....

FILED AUG 19 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (in this place) <u>64 yrs</u>	c. CITY OR TOWN <u>Joplin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grand Rest Home</u>		STREET ADDRESS (If rural, give location) <u>223 Virginia</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Henry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-58</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-31-1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Silica Products</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Battle Creek, Mich. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jasper Henry</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian Owen</u>	14. NAME OF HUSBAND OR WIFE <u>Kathleen</u>
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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 <u>495-09-6687</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kathleen Henry, 223 Virginia, Joplin</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>		<u>36 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>		<u>unknown</u>
	DUE TO (c) <u>Arterio sclerosis</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of prostate</u>		<u>unknown</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6/12/58 to 7/20/58, that I last saw the deceased alive on 7/20/58, 1958, and that death occurred at 10:30AM from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Gresham</u> (Degree or title) _____	23b. ADDRESS <u>521 W. 4th St. Joplin, Mo.</u>	23c. DATE SIGNED <u>8/1/58</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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DATE RECD BY LOCAL REG. <u>8-12-58</u>	REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon</u>	ADDRESS <u>Joplin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1958

NOV 5 1958

NOV 7 1958 SA

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.....  
*[Handwritten Signature]*

Licensed Embalmer No. 4770

P. O. Address *[Handwritten Address]*

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.