Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-047036
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Breton Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1 mi. W. Potosi — Length of stay in Ib: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN: Potosi Rural — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 Mile West Of Potosi — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lloyd — Middle: William — Last: Henry

4. DATE OF DEATH: Month: Dec. — Day: 25 — Year: 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Sept. 21, 1918

9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Rented Farm

11. BIRTHPLACE (City and state or country): Washington Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lester Henry

13b. MOTHER'S MAIDEN NAME: Iva Blanch League

14. NAME OF HUSBAND OR WIFE: Chloe Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2

16. SOCIAL SECURITY NO.:

17. INFORMANT: Delbert Henry — Address: Potosi Rt. Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Failure (Heart Block) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Septal Thrombotic Myomalacia
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

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 Dec. 25, to Dec. 25, '58 and last saw ~~her~~ him alive on Dec. 25, '58
Death occurred at XXXXXXXXXXXX 7 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George M. Sansen D.O.

22b. ADDRESS: 211 ½ E. High St. Potosi, Mo.

22c. DATE SIGNED: 12/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 27, 58

23c. NAME OF CEMETERY OR CREMATORY: New Masonic Cemetery

23d. LOCATION (City, town, or county) (State): Potosi Mo.

24. FUNERAL DIRECTOR: Arthur W. Smith — ADDRESS: Potosi Mo.

25. DATE RECD. BY LOCAL REG.: 12/30/58

26. REGISTRAR'S SIGNATURE: Elbert Rudd

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1959

RECEIVED

DEC 30

WASH. COUNTY HEALTH DEPT.

File No. _____

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 C. H. Boyer

Licensed Embalmer No. 4-158

P. O. Address Potosi, N

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.