THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005601
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 419

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LUKES HOSPITAL — Length of stay in 1b: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: Jackson
c. CITY OR TOWN: LEE'S SUMMIT 700 B — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): RT 2. UNITY RIDGE — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JACK Middle: Last: HENRY

4. DATE OF DEATH: Month: JAN Day: 22 Year: 1959

5. SEX: MALE

6. COLOR OR RACE: CAU

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

8. DATE OF BIRTH: 1-11-1921

9. AGE (In years Last birthday): 38 — 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): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and state or country): Topeka, Kans

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

13a. FATHER'S NAME: Howard Henry

13b. MOTHER'S MAIDEN NAME: Mae Reardon

14. NAME OF HUSBAND OR WIFE: Betty Lou Henry

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

16. SOCIAL SECURITY NO.: 514-16-2983

17. INFORMANT: Betty Lou Henry Address: Lee's Summit, Mo.

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) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 8 days.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pericardial Effusion

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 1-18-59, to Jan 22, 1959 and last saw ~~her~~ him alive on Jan 22. 1959
Death occurred at 4:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William F. Bell (Degree or title): MD

22b. ADDRESS: Lee's Summit, Missouri ~~Douglas County, Kans.~~

22c. DATE SIGNED: Jan 23, 1959

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

23b. DATE: 1/25/59

23c. NAME OF CEMETERY OR CREMATORY: Big Springs Cem.

23d. LOCATION (City, town, or county): Douglas County, Kansas (State)

24. FUNERAL DIRECTOR: Stines & McClure **ADDRESS**: K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 1-23-59

26. REGISTRAR'S SIGNATURE: neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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800 -57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

William F. Bell

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 Behan W. Meeker, Student Embalmer No. 569 working under my personal supervision.

Student Behan W. Meeker
Signature of Student Embalmer

Signed Eugene L. [illegible]

Licensed Embalmer No. 4633

P. O. Address Kansas City, 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.