

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008479

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 348

300
1-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 6
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Williams Nursing Home		Length of stay in 1b 69 years	d. STREET ADDRESS (If outside, give location) 2529 S. 15th
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MAUDE Middle LILLIAN Last HENRY			4. DATE OF DEATH Month April Day 3 Year 1959		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 29, 1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Princeville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alexander C. Tebow	13b. MOTHER'S MAIDEN NAME Mary E. Williams	14. NAME OF HUSBAND OR WIFE W. J. Henry
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Pre-arranged Records Heaton-Bowman, St. Joseph
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Mo. Unk.
DUE TO (b) Coronary Occlusion		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4260		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION St. Joseph, Missouri	20f. COUNTY Missouri	20g. STATE Missouri
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21. I attended the deceased from 10/7/58 , to 4/3/59 and last saw her alive on 4/2/59 Death occurred at 1:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Collis Roundy M.D. (Degree or title)	22b. ADDRESS St. Joseph, Missouri	22c. DATE SIGNED 4/4/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/4/1959	23c. NAME OF CEMETERY OR CREMATORY Ashland Cenetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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24. FUNERAL DIRECTOR Heaton-Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 4, 1959	26. REGISTRAR'S SIGNATURE Ms. Clark Goodell
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Dr. Collis Roundy
 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 *Therese O. Smith*

Licensed Embalmer No. *3928*

P. O. Address *St. Joseph, 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.