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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020865
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY: Dunklin	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kennett — Inside Limits: Yes XX No ☐	c. CITY OR TOWN: Kennett Mo. — Inside Limits: Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 205 N. Jackson — Length of stay in 1b: 67 Years	d. STREET ADDRESS (If outside, give location): 205 North Jackson — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print)	First: Mollie	Middle: Henley	Last: Harvey	4. DATE OF DEATH: Month June Day 13 Year 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐	8. DATE OF BIRTH: June 17- 1867	9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 11 Days 26 — IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired	10b. KIND OF BUSINESS OR INDUSTRY: XX	11. BIRTHPLACE (City and state or country): Dongola ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Thomas N. Henley	13b. MOTHER'S MAIDEN NAME: Mary Hurt	14. NAME OF HUSBAND OR WIFE: Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): XX	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mary Fowler 205 N. Jackson Kennett Mo.	Address	

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): Arteriosclerotic Heart Disease c̄

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Myocardial Failure

DUE TO (c): Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Fwks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

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 May 10, 1959, to June 13, 1959 and last saw her alive on June 13 1959. Death occurred at 1:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George O. Dammers (Degree or title): M.D.	22b. ADDRESS: Kennett Mo.	22c. DATE SIGNED: 6-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6-15-59	23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery	23d. LOCATION (City, town, or county): Kennett (State): Mo.
24. FUNERAL DIRECTOR: Lentz Service	ADDRESS: Kennett Mo.	25. DATE RECD. BY LOCAL REG.: 6-16-1959	26. REGISTRAR'S SIGNATURE: Earl Husband

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dunnell

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COUNTY FILE NUMBER 6347-181

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 Edgar [illegible]

Licensed Embalmer No. 4433

P. O. Address Kennett 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.