

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022198
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 23-59

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Henley, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphery Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R.R. #1. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nellie Middle no Last Henley			4. DATE OF DEATH Month June Day -5 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 2-1893	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Maid	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Henley, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jasper Henley	13b. MOTHER'S MAIDEN NAME Josephene Miller	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT Elsie Henley Address Henley, Mo.
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 331X
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at November 1947 to June 5, 1959 and last saw her alive on 6/5/59 10:55 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE M. E. Humphrey D.O. (Degree or title)	22b. ADDRESS Tuscumbia, Missouri	22c. DATE SIGNED 6/8/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-7-59	23c. NAME OF CEMETERY OR CREMATORY Spring Garden Cem.	23d. LOCATION (City, town, or county) Eugene, Mo. (State)
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24. FUNERAL DIRECTOR M. Steffen ADDRESS Russellville	25. DATE RECD. BY LOCAL REG. June 9, 1959	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Russell*

Licensed Embalmer No. *2307*

P. O. Address *Russellville*

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.