

# MIDDLE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1959

59-029413

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 372

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> Length of stay in lb <u>30 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1719 Harris</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1719 Harris</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>MILTON</u> Middle <u>DURRILL</u> Last <u>HENRY</u>			<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>25</u> Year <u>1959</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>June 16, 1866</u>	<b>9. AGE (last birthday)</b> <u>93</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u> Hours <u>   </u> Min. <u>   </u>	IF UNDER 24 HR Hours <u>   </u> Min. <u>   </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Construction</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Pettis County Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>John M. Henry</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Jenings</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Stella P. Henry</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>442-14-1280</u>		<b>17. INFORMANT</b> <u>Mrs. Stella Henry</u> Address <u>1719 Harris Indep. Mo.</u>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>  <u>15 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour <u>   </u> a.m. <u>   </u> p.m. Month, Day, Year <u>   </u>			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	
<b>STATE</b>			

21. I attended the deceased from Jan 1957 to Aug 25-1959 and last saw <sup>her</sup>him alive on Aug 23<sup>rd</sup> 1959  
 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Ralph M. Soper D.O.</u>		<b>22b. ADDRESS</b> <u>Indep., Mo. 1201 E. New 40 Hwy</u>		<b>22c. DATE SIGNED</b> <u>8/26/59</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>Aug. 26, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington Cemetery</u>	<b>23d. LOCATION (City, town, or county)</b> <u>Kansas City, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Geo. C. Carson &amp; Sons Independence, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-26-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> 	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond F. Allen

Licensed Embalmer No. 4266  
P. O. Address Independence

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.