

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS NOV 10 1959**

**59-036803**

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford Twp</u>		Length of stay in 1b <u>1 hr</u>	c. CITY OR TOWN <u>Troy</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>691 East Cherry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Kathy</u> Middle <u>Jean</u> Last <u>Henry</u>			4. DATE OF DEATH Month <u>October</u> Day <u>30</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/2/52</u>	9. AGE (last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lincoln Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John T. Henry</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian H. Smith</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Lillian Henry, Troy, Missouri</u>	Address
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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) <u>Multipule Skull Fractures,</u>	INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Automobile Accident, Being struck by</u>	DUE TO (c) <u>car while crossing Street, Coroner's Jury Verdict</u>
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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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car struck child while she was crossing street in front of home</u>
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20c. TIME OF INJURY Hour <u>6:30 PM</u> Month, Day, Year <u>10/30 59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>Troy</u>	COUNTY <u>Lincoln</u>	STATE <u>Missouri</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____	
Death occurred at <u>7:10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Joseph J. Marsh</u> (Degree or title) <b>CORONER</b>	22b. ADDRESS <u>351 Monroe St. Troy, Missouri</u>	22c. DATE SIGNED <u>10/1/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/2/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Alphonus Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln Co. Missouri.</u>
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24. FUNERAL DIRECTOR <u>Kemper-Marsh Funeral Home, Troy, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-1-1959</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>
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BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

**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 Joseph J. Marsh Jr., Student Embalmer No. 593  
working under my personal supervision.

Student Joseph J. Marsh Jr.  
Signature of Student Embalmer

Signed Joseph J. Marsh  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.