

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000568

EILED VS. JAN 25 1960 53

Primary Registration District No. 3010 Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CAPE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 3 wks.	c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 116 BLACK AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THERESA ELIZABETH HENCY			4. DATE OF DEATH Month Day Year JAN. 19, 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1918	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months 11 Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) KEBSO, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ANTON HESS		13b. MOTHER'S MAIDEN NAME MARY PEETZ		14. NAME OF HUSBAND OR WIFE ELMER HENCY JR.	
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. 493-03-7782		17. INFORMANT Address ELMER HENCY JR - CHAFFEE, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Metastatic Carcinoma of Cervix					
DUE TO (b) Carcinoma of Cervix					
DUE TO (c) 					
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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
21. I attended the deceased from 1/25/58 to 1/19/60 and last saw ^{her} him alive on 1/18/60 Death occurred at 2:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Israel M. Hoxworth M.D.		22b. ADDRESS 24 N. Spring Cape Girardeau, Mo.		22c. DATE SIGNED 1/21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 21, 1960	23c. NAME OF CEMETERY OR CREMATORY FORREST HILLS CEMETERY (NEAR)		23d. LOCATION (City, town, or county) (State) MORLEY, MISSOURI	
24. FUNERAL DIRECTOR Bisplinghoff Funeral Home - Chaffee, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-22-1960	26. REGISTRAR'S SIGNATURE Irene Kasten		

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 447

P. O. Address Chaffee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.