

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007145

FILED VS MAR 14 1960

184

Primary Registration District No. 3038

Registrar's No. 36

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield, Missouri		Length of stay in lb From 4-10-59	c. CITY OR TOWN Laclede, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brookfield Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Grace Middle Alberta Last Henton			4. DATE OF DEATH Month March Day 5 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-20-1881	9. AGE (last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Palo, Iowa	12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Henry W. Gunnison		13b. MOTHER'S MAIDEN NAME May Allen		14. NAME OF HUSBAND OR WIFE Robert Wakefield Henton		
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. None	17. INFORMANT Address Helen Henton, Maywood, Illinois			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized coronary sclerosis					2 years	
DUE TO (c) Generalized arteriosclerosis					5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure				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		
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 11th 8/20/46 to 3/2/60 and last saw her/him alive on 3/5/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) H.W. Bohmert MD			22b. ADDRESS Brookfield Mo.		22c. DATE SIGNED 3/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery	23d. LOCATION (City, town, or county) Laclede, Missouri			
24. FUNERAL DIRECTOR Brothers Funeral Home, Laclede, Mo. 3-8-60		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-8-60	26. REGISTRAR'S SIGNATURE Katharine Johnson rep.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1960

STATEMENT BY LICENSED EMBALMER

APR 17 1960

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 Blake Gliden

Licensed Embalmer No. 5019

P. O. Address Lucile

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