URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009604
STATE FILE NUMBER

FILED VS MAR 15 1960 360 Registration District No. Primary Registration District No. 3076 Registrar's No. 54

ENDED

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada
Length of stay in 1b 15 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Vernon
c. CITY OR TOWN Nevada
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Tolle Motel
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle N Last Henigsmith
4. DATE OF DEATH Month Feb. Day 24 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/1/91
9. AGE (last birthday) 68
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Operator
10b. KIND OF BUSINESS OR INDUSTRY Police
11. BIRTHPLACE (City and state or country) Unknown
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Maude
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 566-14-4237
17. INFORMANT City Hospital Records. Address Nevada, Mo.

MEDICAL CERTIFICATION

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 Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic hypertensive heart disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Interstitial nephritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb. 9, 1960, to Feb. 24, 1960 and last saw him alive on Feb. 24, 1960
Death occurred at Nevada, Mo. 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or Title) R. B. Wray, M.D.
22b. ADDRESS Moore Bldg., Nevada, Missouri
22c. DATE SIGNED 2/26/1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/26/60
23c. NAME OF CEMETERY OR CREMATORY Local.
23d. LOCATION (City, town, or county) (State) Hicksville, Ohio.
24. FUNERAL DIRECTOR Richard L. Shorten. ADDRESS Nevada, Mo.
25. DATE RECD. BY LOCAL REG. 3-9-1960
26. REGISTRAR'S SIGNATURE Amal E. Fury

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4853

P. O. Address _____

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