

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037488

STATE FILE NUMBER

FILED VS. NOV 14 1960

38

Primary Registration District No.

4051

Registrar's No.

619

ENDED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hallsville		Length of stay in 1b since '48		c. CITY OR TOWN Hallsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hartley Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Aura Middle Smith Last Henry				4. DATE OF DEATH Month Nov Day 6 Year 1960			
5. SEX Male Caucasian		6. COLOR OR RACE Caucasian		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 7, 1883	
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 1 Days 11		IF UNDER 24 HR Hours 11 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Patrick Henry			13b. MOTHER'S MAIDEN NAME Isobel Armstrong			14. NAME OF HUSBAND OR WIFE Flora Henry	
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. 497-32-7106		17. INFORMANT Howard Henry, Mexico, Mo.		Address
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)		rhabdomyosarcoma, primary presumably levator muscles of pelvis and adenocarcinoma of prostate					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		ONE (b)					
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 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 1/8/57 to 11/4/60 and last saw her ^{her} alive on 7-5-60 Death occurred at approx. 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robt S. Ward MD (Degree or title)				22b. ADDRESS Centralia, Missouri		22c. DATE SIGNED 11-7-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Columbia, Mo.		
24. FUNERAL DIRECTOR Bill J. Mesler ADDRESS Centralia, Missouri				25. DATE RECD. BY LOCAL REG. Nov 8, '60		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1960

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 B. J. Meadows

Licensed Embalmer No. 4874

P. O. Address Centonia,

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.