

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044990

FILED VS JAN 3 1961

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY <u>Adair County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b		c. CITY OR TOWN <u>Brashear</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>Kirksville Osteopathic Hosp.</u>			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 <u>Joseph Elmer</u> Middle <u>Henry</u> Last <u>Henry</u>				4. DATE OF DEATH Month <u>December</u> Day <u>23</u> Year <u>1960</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/4/1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Adair Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John William Henry</u>			13b. MOTHER'S MAIDEN NAME <u>Helena Shepherd</u>		14. NAME OF HUSBAND OR WIFE <u>Ginevra (Platz) Henry</u>			
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>X</u>		17. INFORMANT <u>Harold Henry-Brashear, Mo.</u>				
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>Cardiac arrest</u> DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>certificated</u>		
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"/> N. <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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	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 <u>12-23-60</u> to <u>12-23-60</u> and last saw ^{her} him alive on <u>12-23-60</u> Death occurred at <u>6:36</u> <u>P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Spellichs HO</u>				22b. ADDRESS <u>K.O.H.</u>		22c. DATE SIGNED <u>12-24-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/26/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brashear Cemetery</u>		23d. LOCATION (City, town, or county) <u>Brashear, Mo.</u>		23e. (State)		
24. FUNERAL DIRECTOR <u>W.H. Jackson - Pres</u> ADDRESS <u>Jackson-Riley Funeral Home, Brashear, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-28-1960</u>		26. REGISTRAR'S SIGNATURE <u>Dona W. Gatliff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S. J. DeVito, D.O.

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 Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkwood

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.