

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004693

STATE FILE NUMBER

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 72

FILED VS MAR 8 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                      |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Butler</u>                               |                                                                        |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Poplar Bluff</u>                                                                                                                                                                                                                                                                                      |                                                                                                           | c. CITY OR TOWN <u>Poplar Bluff</u>                                                                                                                                  |                                                                        |
| Length of stay in lb <u>35 Yrs</u>                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | Inside Limits <u>Yes</u> No <input type="checkbox"/>                                                                                                                 |                                                                        |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>At Home</u>                                                                                                                                                                                                                                                                                 |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><u>116 Roosevelt St.</u>                                                                                            |                                                                        |
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>H.</u> Last <u>Henthorn</u>                                                                                                                                                                                                                                                                             |                                                                                                           | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>14,</u> Year <u>1961</u>                                                                                                |                                                                        |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                                                                                                         | 6. COLOR OR RACE<br><u>White</u>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>9/18/1876</u>                                   |
| 9. AGE (last birthday)<br><u>84</u>                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>26</u>                                                                                                                    |                                                                        |
| IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>                                                 |                                                                        |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>                                                                                                                                                                                                                                                                                                                           |                                                                                                           | 11. BIRTHPLACE (City and state or country)<br><u>Johnsonville, Ill.</u>                                                                                              |                                                                        |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>                                                                                                                                                                                                                                                                                                                                |                                                                                                           | 13a. FATHER'S NAME<br><u>Alexander Henthorn</u>                                                                                                                      |                                                                        |
| 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Powell</u>                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><u>Mrs. Lue Henthorn</u>                                                                                                              |                                                                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                                                                                                                                                         |                                                                                                           | 16. SOCIAL SECURITY NO.<br><u></u>                                                                                                                                   |                                                                        |
| 17. INFORMANT<br><u>Mrs. Henthorn, Poplar Bluff, Mo.</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                           | Address<br><u></u>                                                                                                                                                   |                                                                        |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypertensive pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Chronic myocarditis + Hemiplegia</u><br>DUE TO (c) <u>Hypertensive cerebral arteriosclerosis</u> |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs.</u><br><u>2 yrs.</u><br><u>10 yrs.</u>                                                                                |                                                                        |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Diaphragmatic hernia - extensive</u>                                                                                                                                                                                                  |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                        |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.)<br><u></u>                                                              |                                                                        |
| 20c. TIME OF INJURY<br>Hour <u></u> s.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.)<br><u></u>       | 20f. CITY, TOWN, OR LOCATION<br><u></u>                                                                                                                              |                                                                        |
| 20g. COUNTY<br><u></u>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 20h. STATE<br><u></u>                                                                                                                                                |                                                                        |
| 21. I attended the deceased from <u>18 Aug. 60</u> to <u>14 Jan 61</u> and last saw him alive on <u>13 Jan 61</u><br>Death occurred at <u>8:45 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                     |                                                                                                           |                                                                                                                                                                      |                                                                        |
| 22a. SIGNATURE<br><u>Carl A. Post m.d.</u>                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | 22b. ADDRESS<br><u>Poplar Bluff, Mo.</u>                                                                                                                             |                                                                        |
| 22c. DATE SIGNED<br><u>21 Feb 61</u>                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                      |                                                                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                                                                                                    | 23b. DATE<br><u>1/17/1961</u>                                                                             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Gardens</u>                                                                                                        | 23d. LOCATION (City, town, or county)<br><u>Poplar Bluff, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Frank-Cotrell Chapel, Poplar Bluff, Mo.</u>                                                                                                                                                                                                                                                                                                        |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><u>2/20/61</u>                                                                                                                       |                                                                        |
| 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                      |                                                                        |

VS MAR 6 - 1961

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_; Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edgar W. Laffoon*  
Licensed Embalmer No. 3394

P. O. Address

*Poplar Bluff*

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.