

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039863

STATE FILE NUMBER

AMENDED

Registered Date No. 381 Primary Registration District No. 4514 Registrar's No. 92

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Sullivan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Green City</b>                   |  | Length of stay in 1b<br><b>8 years</b>  | c. CITY OR TOWN <b>Green City</b>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home in Green City</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>No street address</b> |
|   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |

|  |   |
|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Fannie</b> Middle <b>Bell</b> Last <b>Hennen</b> | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>22</b> Year <b>1961</b> |
|--|---|

|                         |                                  |   |                                     |                                     |  |  |
|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 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><b>6/4/1876</b> | 9. AGE (last birthday)<br><b>85</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b> |
|-------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--|--|

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|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own home</b> | 11. BIRTHPLACE (City and state or country)<br><b>-----Arkansas</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|--|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>Don't know</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Don't know</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Albert M Hennen</b> |
|---|--|---|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Albert M. Hennen, Green City, Mo.</b> | Address |
|---|--|---|---------|

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|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>20 min.</b> |
| IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>  |  |  |
| DUE TO (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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|---|

|   |   |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 **1953** to **Oct. 22, 1961** and last saw her **alive** on **Oct. 22, 1961**  
Death occurred at **3:10 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                   |  |                                     |
|---|-------------------|--|-------------------------------------|
| 22a. SIGNATURE<br><i>Dr. Paul P. Pfeffer M.D.</i> | (Degree or title) | 22b. ADDRESS<br><b>Green City, Mo.</b> | 22c. DATE SIGNED<br><b>10/23/61</b> |
|---|-------------------|--|-------------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal &amp; Burial 10/26/1961</b> | 23b. DATE<br><b>10/26/1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mountain View Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Pasadena, California</b> |
|---|--------------------------------|---|--|

|  |                            |                              |   |
|--|----------------------------|------------------------------|---|
| 24. FUNERAL DIRECTOR<br><b>Glen E. Kent &amp; Son, Green City, Mo.</b> | ADDRESS<br><b>10-24-61</b> | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. M.W. Beckett</b> |
|--|----------------------------|------------------------------|---|

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 31 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 Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

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.