MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019928

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 43

FILED MAY 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	960
2	960
3	
4	1
5	2
6	
7	0
8	2
9	260X
10	
11	
12	10-2
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Union Tmp. — Length of stay in 1b: 50 year
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Unionville — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Putnam
c. CITY OR TOWN: Rural-Union Tmp. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Unionville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Mabel Middle: E. Last: McHenry

4. DATE OF DEATH: Month Day Year: May-18-1962

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-21-93
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months 3 Days 27 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Livonia, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Mace Brooks
13b. MOTHER'S MAIDEN NAME: Rose Sorrell
14. NAME OF HUSBAND OR WIFE: Erneast McHenry

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.: none
17. INFORMANT Address: Gayle Ingersoll-Unionville, M

MEDICAL CERTIFICATION

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): Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): diabetes

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. ☐ 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 5-1-1958, to 5-18-62 and last saw her alive on 5-17-62
Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L.W. McDonald DO
22b. ADDRESS: Unionville, Mo
22c. DATE SIGNED: 5-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 5-21-62
23c. NAME OF CEMETERY OR CREMATORY: Unionville Cem.
23d. LOCATION (City, town, or county) (State): Unionville, Mo

24. FUNERAL DIRECTOR ADDRESS: F.O.Husted & Son-Unionville, Mo
25. DATE RECD. BY LOCAL REG.: 5-21-1962
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.