

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037458

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 4647 Registrar's No. 23

FILED OCT 1 1962

VS 300
Rev. 4/59

1 1130
2 1130
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4 1
5 2
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7 0
8 2
9 422.1
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12 1290.0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		Length of stay in 1b 21 yrs.	c. CITY OR TOWN Grant City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 West 3rd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 308 West 3rd
3. NAME OF DECEASED (Type or print) Jennie Anna Henry		First Middle Last	4. DATE OF DEATH Month Sept. Day 16, Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 94
13a. FATHER'S NAME Simeon Davidson		13b. MOTHER'S MAIDEN NAME Sarah E. Beck	11. BIRTHPLACE (City and state or country) Sheridan, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY U. S.
17. INFORMANT Grace Roach - Grant City, Mo.		14. NAME OF HUSBAND OR WIFE Harvey L. Henry	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Dis. with Cardiac Decompensation			INTERVAL BETWEEN ONSET AND DEATH @10yrs 2yrs
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1955 to 9-16-62 and last saw her/him alive on 9-16-62		Death occurred at 12.10p m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased's title) Frank B. Matteson MD		22b. ADDRESS Grant City, Mo	22c. DATE SIGNED 9/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-18-1962	23c. NAME OF CEMETERY OR CREMATORY Honey Grove Cemetery
24. FUNERAL DIRECTOR Bill A. Dunfee - Grant City, Mo		23d. LOCATION (City, town, or county) Worth County, Mo.	25. DATE RECD. BY LOCAL REG. 10-3-1962
26. REGISTRAR'S SIGNATURE Leta E. Dawson			

USE BLACK INK OR TYPEWRITER RIBBON

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant 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.