

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0006096

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

MRF FILED 02 64

137

Primary Registration District No.

3023

Registrar's No.

58

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY - Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Clinton

Length of stay in 1b

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Clinton General HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE Missouri COUNTY Henry

c. CITY
OR
TOWN ClintonInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

608 E. Lincoln

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
HERMAN CLYDE HENRY4. DATE OF DEATH Month Day Year
FEBRUARY 23, 19645. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
4/9/829. AGE (last birthday)
81IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Construction

10b. KIND OF BUSINESS OR INDUSTRY

Highway Employ

11. BIRTHPLACE (City and state or country)

Clarksburg, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Homer Henry

13b. MOTHER'S MAIDEN NAME

Ella Sturgis

14. NAME OF HUSBAND OR WIFE

Lillie Henry, Deceased

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

Neva Newkirk, Clinton, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia (lobar)

INTERVAL BETWEEN
ONSET AND DEATH

1 wk.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

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)

Senility, chr. prostatitis & urinary retention

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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 Nov. 1963 to Feb. 23, '64 and last saw her alive on Feb. 23, '64
Death occurred at 1 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh B. Walker, MD

22b. ADDRESS

Clinton, Mo

22c. DATE SIGNED

2-23-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2/23/64

23c. NAME OF CEMETERY OR CREMATORY

Via Auto

23d. LOCATION (City, town, or county)

California, Missouri

(State)

24. FUNERAL DIRECTOR

Bowlin Funeral Home, California, Mo. Feb. 24, 1964

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

789-2500

789-2500

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 Eugene R. Consales

Licensed Embalmer No. 41680

P. O. Address Clinton, 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.

Permit Obtained 2-23-64 (MS)