

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

0031171

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0421

2 0080

3

4 1

5 2

6

7 0

8 0

9 5401

10

11

12 3-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH
a. COUNTY Henry

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

Length of stay in 1b
5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor Community Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY BENTON

c. CITY OR TOWN Lincoln Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
STREETS NOT NUMBERED Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
HETTIE LILLIAN HENRY

4. DATE OF DEATH Month Day Year
SEPT. 10 1964

5. SEX
FEMALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
MAR. 6, 1898

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
86 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY
HOME

11. BIRTHPLACE (City and state or country)
Benton County MO

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
SAMUEL WILLIAMS

13b. MOTHER'S MAIDEN NAME
MARY CATHEY

14. NAME OF HUSBAND OR WIFE
MERLIN HENRY (DEC'D)

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
IDELLA ATTWOOD, Lincoln, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardio Vascular Collapse

INTERVAL BETWEEN ONSET AND DEATH
4-5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Generalized Peritonitis (Ruptured) Large greater curvature
DUE TO (c) gastric ulcer.

8 days
2-3 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Severe Rheumatoid arthritis and severe pernicious or secondary anemia.

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 3-31-62 to 9-10-64 and last saw her alive on 9-10-64
Death occurred at 6:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)
Glenn M. Shurber MD.

22b. ADDRESS Windsor, Mo. 22c. DATE SIGNED 9-11-64

23a. BURIAL CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
SEPT. 13, 1964

23c. NAME OF CEMETERY OR CREMATORY
Lincoln Cemetery

23d. LOCATION (City, town, or county) (State)
Lincoln MO

24. FUNERAL DIRECTOR ADDRESS
Fred Davis & Son Lincoln

25. DATE RECD. BY LOCAL REG.
Sept. 12, 1964

26. REGISTRAR'S SIGNATURE
Wilfred Bigum

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.