

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33337**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Windsor</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Windsor</b>	
c. LENGTH OF STAY (In this place) <b>2 years</b>		d. STREET ADDRESS (If rural, give location) <b>709 West Benton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>408 S. Tebo</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Horn</b> c. (Last) <b>Henrikson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 21, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 20, 1878</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>England</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>John Horn</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Lishman</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Henrikson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Henrikson, Windsor, Missouri</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Dementia</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Cerebral with Iridi Anisocoria</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2520</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1942</b> , to <b>Oct 21, 1950</b> , that I last saw the deceased alive on <b>Oct 18, 1950</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George Windsor</b>		23b. ADDRESS <b>Windsor Mo</b>	
23c. DATE SIGNED <b>10-23-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-24-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct-24-50</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b>		ADDRESS <b>Windsor, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

10/20/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10/20/50

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  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.