

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13707

State File No.

Registrar's No.

FILED MAY 12 1952

BIRTH NO.

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 4370

110

740
4

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) John c. (Last) Henning		4. DATE OF DEATH (Month) (Day) (Year) Apr 25-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 28-1873
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER - Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78 If UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) NEW YORK - STATE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Henning		13b. MOTHER'S MAIDEN NAME MARY Dougherty	
14. NAME OF HUSBAND OR WIFE Hannah Henning		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 538-20-0742		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hannah Henning-Hopkins ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Chronic Fibillation DUE TO (b) Bacteremia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 March 29, 1952 to April 25, 1952 , that I last saw the deceased alive on April 23, 1952 , and that death occurred at 7:30 PM m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harriett Ford M.D.		23b. ADDRESS Elmo - Mo.	
23c. DATE SIGNED Apr 30-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr. 28-1952	
24c. NAME OF CEMETERY OR CREMATORY Blanchard		24d. LOCATION (City, town, or county) (State) Blanchard TOWNA	
DATE REC'D BY LOCAL REG. 5-10-52		REGISTRAR'S SIGNATURE Blas 224 Holt	
25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson		ADDRESS Hopkins, Mo	

(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 _____

myself
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.