

JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **981**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY OR TOWN Bogart Township 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital		d. STREET ADDRESS (If rural, give location) Creighton, RFD.	

3. NAME OF DECEASED (Type or Print) a. (First) ELMER	b. (Middle) J.	c. (Last) HENNY	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 23, 1875	9. AGE (In years last birthday) 79	# UNDER 1 YEAR 3	# UNDER 1 MONTH 20	# UNDER 1 HOUR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rolph Henny	13b. MOTHER'S MAIDEN NAME Eliza Goodman	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME G. H. Henny, Urich, RFD. 2 Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 334 X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-8, 1955**, to **1-13, 1955**, that I last saw the deceased alive on **1-13, 1955**, and that death occurred at **6:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE G. H. Henny (Degree or title) M.D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 1-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Mullin Cemetery	24d. LOCATION (City, town, or county) (State) Urich, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan-15-55	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE V. A. Vassant	ADDRESS Clinton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 W. A. Vansant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.