

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20311**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **219**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY OR TOWN Clinton	
c. LENGTH OF STAY (In this place) 5yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Convalescent Center		e. STREET ADDRESS (If rural, give location) 0+220	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) G.	c. (Last) HENNY	4. DATE OF DEATH (Month) (Day) (Year) July 8, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 25, 1876	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 2 13	11. IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Henry County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Henry	13b. MOTHER'S MAIDEN NAME Paulina Rudolph	14. NAME OF HUSBAND OR WIFE Deceased
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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 Frank Henry, Clinton, Mo, RFD.# 4,	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 years 7 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) (m.)	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 **Nov. 1946**, to **July 8, 1956**, that I last saw the deceased alive on **July 6, 1956**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. B. Hughes	(Degree or title) M.D.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 7/9/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Mo.
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DATE REC'D BY LOCAL REG. 7-9-56	REGISTRAR'S SIGNATURE Mildred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE H. Kausant	ADDRESS Clinton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

1-0

1956 AUG 9 907

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..... *H. A. Vassant*

Licensed Embalmer No. *377*

P. O. Address... *Clinton*

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.