

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005318
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

LED MAR 2 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		c. CITY OR TOWN Windsor 04090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS (If outside, give location) 709 W. Benton	
Length of stay in 1b 18yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Henry Middle W. Last Henrikson			4. DATE OF DEATH Month Feb. Day 22 Year 1959		
5. SEX M.	6. COLOR OR RACE W.	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-1-1877	9. AGE (In years) 81	IF UNDER 1 YEAR (Month Day) IF UNDER 24 HRS. (Hours Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Machinist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Finland		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME (unknown)		13b. MOTHER'S MAIDEN NAME (unknown)		14. NAME OF HUSBAND OR WIFE Margaret Henrikson	
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. 490-05-8914		17. INFORMANT H.C. Mo. Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculature Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 72 hrs. 72 hrs.
DUE TO (b) Heart failure			
DUE TO (c) Arteriosclerosis, Generalized Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Feb 27 to Feb 22-59 and last saw her alive on Feb. 22-59 Death occurred at 5:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Bernard Brach, M.D. (Print or type)	22b. ADDRESS 116 So main Windsor, Mo.	22c. DATE SIGNED 2/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-24-1959	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak	23d. LOCATION (City, town, or country) Windsor	(State) Mo.
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24. FUNERAL DIRECTOR Ellis Huston	ADDRESS Windsor, Mo	25. DATE RECD. BY LOCAL REG. 2-28-59	26. REGISTRAR'S SIGNATURE Mildred Biggers
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. - Part I must be causally related.

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 *Clifford Houze*

Licensed Embalmer No. *5014*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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