

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025521

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 871 Primary Registration District No. 4456 Registrar's No. 19

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY St. Clair b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City Length of stay in 1b 11 Days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry c. CITY OR TOWN Urich Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elett Memorial Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD. # 2, Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First, Middle, Last George Harlem Henry			4. DATE OF DEATH Month, Day, Year June 19, 1963		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/26/1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 11 Days 23	IF UNDER 24 HR 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 country) Ohio	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Rudolph Henry	13b. MOTHER'S MAIDEN NAME Lizzie Goodman	14. NAME OF HUSBAND OR WIFE Ida May Barth Henry
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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. 499 40 2865	17. INFORMANT Address Oren Henry, Urich, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Thrombophlebitis, left leg DUE TO (c) Arteriosclerosis with gangrene of foot		INTERVAL BETWEEN ONSET AND DEATH Few Min 12 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from 8 June 63 to 15 June 63 and last saw him alive on 19 June 63
 Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>W. H. Martin</i>	22b. ADDRESS Appleton City, Mo	22c. DATE SIGNED (State) 21 June 63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 22, 1963	23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery	23d. LOCATION (City, town, or county) (State) Urich, Mo. Rural
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24. FUNERAL DIRECTOR ADDRESS Vansant Funeral Home, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. June 22-63	26. REGISTRAR'S SIGNATURE <i>Cheafney</i> { <i>W. H. Martin</i> }
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

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