

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5786

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edwards mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u> <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>572 North Main</u>	
3. NAME OF DECEASED a. (First) <u>Cloetic</u> b. (Middle) <u>MAE</u> c. (Last) <u>Henry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 1, 1892</u>
9. AGE (In years last birthday) <u>68</u> Months <u>4</u> Days <u>7</u>		9. AGE (In years last birthday) <u>68</u> Months <u>4</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J. F. Dunn</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Welch</u>		14. NAME OF HUSBAND, OR WIFE <u>Will P. Henry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Will P. Henry Campbell, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine^{and} Intestinal Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>174 X</u> 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? 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 <u>Jan 11, 1951</u> to <u>Feb. 8, 1951</u> ; that I last saw the deceased alive on <u>Feb. 6, 1951</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. B. Barrer MD</u> (Degree or title)		23b. ADDRESS <u>Flat River, Mo.</u>	23c. DATE SIGNED <u>2/8/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Madison Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo.</u>
DATE REC'D BY LOCAL REG <u>Feb. 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flat River, Mo.</u>	

Blue ink - not ballpoint

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

0940

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

AUG 29 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. Caldwell

Signed.....

Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.