

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15460

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 154

0013  
#

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baring</u> <u>0520</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs. 2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Community Nursing Home #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Ella</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Henry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>(WIDOWED)</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>1860</u>	9. AGE (In years last birthday) <u>91</u>	# UNDER 1 YEAR Months
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>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Solomon B Gind</u>	13b. MOTHER'S MAIDEN NAME <u>Gind Margaret</u>	14. NAME OF HUSBAND OR WIFE <u>Jay Henry</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME <u>Leona Lidd Baring 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Time of death</u>  <u>10 years +</u>  <u>15 years</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Senile Arteriosclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
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 <u>331X</u>	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)	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 Feb. 1, 1951, to May 22, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carol Johns</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>P.O. R.R. Kirkville, Mo.</u>	23c. DATE SIGNED <u>5-22-51</u>
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>May 26 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg</u>	24d. LOCATION (City, town, or county) (State) <u>Greensburg Missouri</u>
DATE REC'D BY LOCAL REG. <u>5-28-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u>	ADDRESS <u>Edna</u>

Date Received: JUN 7 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-1047  
Date Filed: JUN 7 1951

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 *Keith Hudson* \_\_\_\_\_

Licensed Embalmer No. *2415* \_\_\_\_\_

P. O. Address *Edina Missouri* \_\_\_\_\_

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.