

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036073

in Henschel

43

3007-5743

337

STATE FILE NUMBER

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED OCT 16 1961

1. PLACE OF DEATH
a. COUNTY **Butler**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Butler**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Broseley** Length of stay in 1b **1 Yr.**

c. CITY OR TOWN **Broseley** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **At. Home. R.# 1** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **R.R. # 1.** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Emmanuel** Middle **Abe** Last **Myers**

4. DATE OF DEATH Month **Sept.** Day **3,** Year **1961**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **5/25/1880**

9. AGE (last birthday) **81** IF UNDER 1 YEAR Months **3** Days **8** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and state or country) **Indiana**

12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE **Deceased**

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. _____ 17. INFORMANT **Mrs. Jim Richardson, Broseley, 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) **Esophageal hemorrhage**
DUE TO (b) **Varicose veins of esophagus**
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or condition given in PART I (a) **Chronic hepatitis, liver**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 _____ to _____ and last saw her/him alive on _____
Death occurred at **5:05 A, M** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold O. Henrickson MD** 22b. ADDRESS **Poplar Bluff, Mo.** 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **9/5/1961** 23c. NAME OF CEMETERY OR CREMATORY **Stanfield** 23d. LOCATION (City, town, or county) (State) **Dunklin Mo**

24. FUNERAL DIRECTOR **Frank-Cotrell Chapel, Poplar Bluff, Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **10-10-1961** 26. REGISTRAR'S SIGNATURE **William Graham**

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.