

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002175  
STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 1

300  
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>MONTEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Millet</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Calipatria</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>OLEAN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Halls Rest Home</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <b>SUSIE</b> Middle Last <b>HENINGER</b>			4. DATE OF DEATH Month <b>JAN</b> Day <b>2</b> Year <b>1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>No</b>	9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b> IF UNDER 24 HRS. Hours Min.
11a. BIRTHPLACE (City and state or country) <b>California Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John LATHAM</b>		13b. MOTHER'S MAIDEN NAME <b>SIMMONS</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES W HENINGER</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Name <b>Charles Heninger</b> Address <b>California Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Accident.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis &amp; Hypertension</b>			<b>15 years</b>
DUE TO (c)			
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.) <b>331X</b>	
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 <b>July 20 1958</b> , to <b>Jan 2 1959</b> and last saw <sup>her</sup> alive on <b>Dec 27 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edgar A. Kibbe M.D.</b>		22b. ADDRESS <b>California Mo</b>	22c. DATE SIGNED <b>1/3/59</b>
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-3-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Point Cemetery</b>	23d. LOCATION (City, town, or county) <b>High Point Mo</b>
24. FUNERAL DIRECTOR <b>Hugh E. Williams</b>		ADDRESS <b>California Mo</b>	25. DATE RECD. BY LOCAL REG. <b>1-3-59</b>
26. REGISTRAR'S SIGNATURE <b>Helen S. Papejny</b>			

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 ..... *Hugh E Williams*

Licensed Embalmer No. *3537*

P. O. Address *California, W*

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.