

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39529

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u> c. LENGTH OF STAY (in this place) <u>5 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mulbury St. California, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u> d. STREET ADDRESS (If rural, give location) <u>Mulbury St. California, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>Henry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/16/52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 6 1885</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>California, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joush Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Herman C. Henry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Henry</u> ADDRESS <u>Calif, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		334X	
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) <u>California Moniteau Mo</u>		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 <u>Aug 1951</u> , to <u>Nov 16, 1952</u> , that I last saw the deceased alive on <u>Nov 16, 1952</u> , and that death occurred at <u>9 AM</u> , from the causes and on the date stated above.		23a. SIGNATURE (Name or title) <u>H. H. Baldwin S.O.</u>	
23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>11/17/52</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/18/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		DATE REC'D BY LOCAL REG. <u>11-20-52</u>		REGISTRAR'S SIGNATURE <u>H. H. Baldwin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Feare Baldwin</u>		ADDRESS <u>California</u>		26. (Licensed Embalmer's Statement on Reverse Side)		MO	

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

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.....  
Student Embalmer

Signed

*Eugene Bonstein*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.