

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0006848

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 30

VS 300
Rev. 4/59

1 0500
2 20500

3
4 0
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9443X

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12900
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 14 1967		1. PLACE OF BIRTH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jefferson</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Herculaneum JOACHIM Twp</u>		Length of stay in 1b <u>10 Years</u>		c. CITY OR TOWN <u>Herculaneum</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Liberty St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 Liberty</u>	
3. NAME OF DECEASED (Type or print)		First <u>Henry</u> Middle <u>Bernard</u> Last <u>Tenholder</u>		4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1967</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/23/90</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Water Dept. (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>		11. BIRTHPLACE (City and state or country) <u>Leopold, Mo.</u>	
13a. FATHER'S NAME <u>John Tenholder</u>		13b. MOTHER'S MAIDEN NAME <u>Bernadine Sondern</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret O'Laughlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>493-03-9318</u>		17. INFORMANT <u>Mrs. Margaret Tenholder, Herculaneum, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>				<u>10 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Arteriosclerotic cardiovascular disease with hypertension</u>	
DUE TO (c) <u>disease with hypertension</u>				<u>3 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </u>		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 <u>Mar 1964</u> to <u>Mar 5, 1967</u> and last saw ^{him} <u>3/5/67</u> Death occurred at <u>5:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD Herculaneum Mo</u>		22b. ADDRESS	22c. DATE SIGNED <u>3/6/67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/8/67</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
24. FUNERAL DIRECTOR <u>Vinyard Funeral Home, Festus, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-8-67</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

PL 10000 00

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APR 12 1989

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 LeRoy Lucas

Licensed Embalmer No. 5271

P. O. Address Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.