

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5944

STATE FILE NUMBER

FILED MAR 12 1957

Registration District No. 316 Primary Registration District No. 6071 Registrar's No. 63

|   |                                  |   |   |  |  |  |   |  |
|---|----------------------------------|---|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. FRANCIS</u>   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u> |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>MARION TOWNSHIP</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | c. CITY OR TOWN <u>BONNE TERRE</u> <u>0940</u><br><u>0</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NONE - RT #1</u>   |                                  |   | Length of stay in 1b  |  | d. STREET ADDRESS <u>Et. 1</u> (If outside, give location)                 |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>CARRIE</u> Middle <u>URISSA</u> Last <u>MC HENRY</u>  |                                  |   |   | 4. DATE OF DEATH<br>Month <u>FEB.</u> Day <u>20</u> Year <u>1957</u>   |  |  |   |  |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>SEPT. 26, 1865</u>  |  | 9. AGE (In years last birthday)<br><u>91</u>   | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>24</u>   | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>CARE OF HOME</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>NONE</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Et. 1 BONNE TERRE, Mo</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13. FATHER'S NAME<br><u>ALLEN CAMPBELL MC HENRY</u>   |                                  |   |   | 14. MOTHER'S MAIDEN NAME<br><u>MARGRET SMITH</u>   |  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  |  | 17. INFORMANT<br><u>POPE ASHBURN Et. 1 BONNE TERRE, Mo.</u>                |  |   | Address  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchial pneumonia.</u>  |                                  |   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hours</u>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |   |  |  |  | DUE TO (b) _____<br>DUE TO (c) _____  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>Generalized arteriosclerosis.</u>   |                                  |   |   |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u></u> |  |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   |                                  |   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u></u>    |  |  |  |   |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  |   | 20f. CITY, TOWN, OR LOCATION<br><u></u>   |  |  | COUNTY<br><u></u>  |   | STATE<br><u></u>                               |
| 21. I attended the deceased from <u>Feb. 20, 1957</u> to <u>Feb. 20, 1957</u> and last saw her <u>her</u> alive on <u>2/20/57</u><br>Death occurred at <u>11:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |  |  |   |  |
| 22a. SIGNATURE<br><u>[Signature]</u>  |                                  |   |   |  | 22b. ADDRESS<br><u>Bonne Terre, Missouri</u>                               |  | 22c. DATE SIGNED<br><u>2-25-57</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |                                  | 23b. DATE<br><u>FEB. 23, 1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>ST. FRANCIS MEMORIAL PARK Et. 1 BONNE TERRE, Mo</u>            |  |  | 23d. LOCATION (City, town, or county) (State)<br><u></u>                             |   |  |
| 24. FUNERAL DIRECTOR<br><u>BOYER-BENHAM FUNERAL SERVICE Mo.</u>   |                                  |   |   | ADDRESS <u>BONNE TERRE,</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 25, 1957</u>                                 | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Public Welfare Service

800-56

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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. [REDACTED]  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed X *B. T. Byer*.....

Licensed Embalmer No. 36

P. O. Address *DESLOG*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.