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FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

916

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>Unknown</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>37</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>West of 600 Blk. on 3</u>		d. STREET ADDRESS (If rural, give location) <u>1112 E. Scott</u> <u>9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Auston</u> c. (Last) <u>Henson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23, 1949</u>		
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5. SEX <u>Male</u> <u>D</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26 1900</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min. <u>48</u>		
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rock Port, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Will Henson</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Trimble</u>		14. NAME OF HUSBAND OR WIFE <u>Ica Frances Henson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-10-0576</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ica Frances Henson Springfield, Mo</u>			
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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>Shock and Exposure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E452-3</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City waterway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo</u> <u>33</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-23-49 2:45 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell into concrete waterway</u> <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from Admission as Coroner, 1949, that I last saw the deceased alive on 1-23, 1949, and that death occurred at 3:00 PM M., from the causes and on the date stated above. 3

23a. SIGNATURE (Degree or title) <u>Chas. B. Abbott M.D. Coroner</u>		23b. ADDRESS <u>215 1/2 E. Equalled</u>	23c. DATE SIGNED <u>1/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-49</u>	REGISTRAR'S SIGNATURE <u>W. H. Lohmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 1949

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.

Signed *Walter E. Hamilton*

Signed _____
Student Embalmer

Licensed Embalmer No. *3298*

P. O. Address *Springfield Mo*

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.