

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11473

State File No.

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5709 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles south Patton Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Newton</u>	c. (Last) <u>Henson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7/1861</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ballinger</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Francis Henson</u>	13b. MOTHER'S MAIDEN NAME <u>Betsy Finnen</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>
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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>Reba Henson</u>	ADDRESS <u>Bessville 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Tuberculosis (Prostate)</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>5/17</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Mar 10th, 1949, to Mar 20, 1949, that I last saw the deceased alive on Mar 9, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE OF (Degree or title) <u>Edw. Crites M.D.</u>	23b. ADDRESS <u>Sedgewickville Mo.</u>	23c. DATE SIGNED <u>3/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 21/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>pleasant valley</u>	24d. LOCATION (City, town, or county) (State) <u>Ballinger Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 7, 1949</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin E. Hendrix</u>	ADDRESS <u>Batesville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMBALMED
Health Officer No. 4
District File Number 449-53
Date Filed 4-19-49

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
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orono, 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.