

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36783**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gabler Star Rt.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Hiesley Landing</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mussell Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Ben</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17-49</u>		
(First)		(Middle)		(Last)	
<u>HENSON</u>					

5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 2, 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wk. Hours _____ Min. _____
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Fronton Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Marion Henson</u>	13b. MOTHER'S MAIDEN NAME <u>Thelma Henson</u>	14. NAME OF DECEASED'S WIFE <u>Hertie Henson</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hertie Henson</u>	ADDRESS <u>Gabler, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Carsinoma of throat</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 11-8-49 to 11-17-49, 1949, that I last saw the deceased alive on 11-17-49, 1949, and that death occurred at 2:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. C. Wilson, M.D.</u>	23b. ADDRESS <u>Kennett</u>	23c. DATE SIGNED <u>11-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caruthers</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthers Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-18-1949</u>	REGISTRAR'S SIGNATURE <u>Carl Hunsbund</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wattman's Funeral Service</u>	ADDRESS <u>St. Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2  
2

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RECEIVED NOV 21 1951

District Health Office No.

District File Number 1149-4

Date Filed

DEC 1951

**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 Marsh Watkins

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

4717

P. O. Address \_\_\_\_\_

Dexter, 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.