

FILED APR 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11764

BIRTH NO. 97543-49 REG. DIST. NO 369 PRIMARY REG. DIST. NO. 4588 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Piedmont</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Piedmont</i>	
c. LENGTH OF STAY (in this place) <i>2 1/2 mo</i>		d. STREET ADDRESS (If rural, give location) <i>110</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>			

3. NAME OF DECEASED (Type or Print) <i>Shirley Lee Henson</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 26, 1950</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>Dec. 15, 1949</i>	9. AGE (In years last birthday) Months <i>2</i> Days <i>11</i>	IF UNDER 12 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>	11. BIRTHPLACE (State or foreign country) <i>Piedmont Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Howard Henson</i>	13b. MOTHER'S MAIDEN NAME <i>Mary E. Beard</i>	14. NAME OF HUSBAND OR WIFE <i>Infant</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME <i>Howard Henson</i>	ADDRESS <i>Piedmont Mo.</i>
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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, asthma, 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) <i>Suffocation</i>		<i>69240</i> <i>18</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>mother found her dead when she walked about</i> DUE TO (c) <i>beam</i>		
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 <i>111</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Piedmont Wayne Mo</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2-26-50</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>mother found her head when she walked in my</i>
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22. I hereby certify that I attended the deceased from *Wed. Mar. 1, 1950* to *her death, 18th day of Feb. 1950*, that I last saw the deceased alive on *Feb. 18, 1950*, and that death occurred at *11:11* a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. J. Jones, M.D.</i>	23b. ADDRESS <i>Piedmont Mo.</i>	23c. DATE SIGNED <i>3-3-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb. 27 50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mill Spring Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Mill Spring Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Mar. 11-50</i>	REGISTRAR'S SIGNATURE <i>Kurt E. Patis</i>	3405 FUNERAL DIRECTOR'S SIGNATURE <i>Roman W. Bush</i>	ADDRESS <i></i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-502

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

Marvin E. Beules

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. *1426*

P. O. Address *Piedmont, N.C.*

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.