No. 300
10-48

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16132

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Railroad track

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: ✓
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morrillton, Ark 8030
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Wheeler
c. (Last): Henson

4. DATE OF DEATH (Month) 6 - (Day) 2 - (Year) 50

5. SEX: Male ✓
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 11, 1922
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Morrillton Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Dewey Henson
13b. MOTHER'S MAIDEN NAME: Viola McCluney
14. NAME OF HUSBAND OR WIFE: Ruby Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1945 & 46
16. SOCIAL SECURITY NO.: 429-28-6764
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Viola Hancock N. 33th 3709 K. C. Kansas.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head injury with skull fracture and cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) NONE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: 019
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.): Missouri Pacific RR Tracks
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pleasant Hill Cass Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-2-50 11:55 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Foot caught in moving train coupling and dragged

22. *I hereby certify that I attended the deceased from* 6-1-50, 19__, *to* 6-2-, 1950, *that I last saw the deceased alive on* 6-1-50 19__, *and that death occurred at* 11:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A W Ellund MD - O
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 6-3-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 6-3-50
24c. NAME OF CEMETERY OR CREMATORY: Morrillton Ark. Cem
24d. LOCATION (City, town, or county) (State): Morrillton, Ark.

DATE REC'D BY LOCAL REG.: June 3, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Allen Brumfield Pleasant Hill, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 20 1950

RECEIVED
JUN 10 1950
CASS COUNTY
HEALTH DEPARTMENT

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.