

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17174

5581 State File No. _____
 Registrar's No. 286

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Rural c. LENGTH OF STAY (In this place) 45 yr. d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #3 Box 8a		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Rural 0490 d. STREET ADDRESS (If rural, give location) Rt. #3 Box 8A	
3. NAME OF DECEASED (Type or Print) Hiram Milton Henson a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1950	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed 2	8. DATE OF BIRTH January 19, 1871
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 4 Days 19 IF UNDER 12 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Missouri 0 12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Smathey	
13a. FATHER'S NAME Dave Henson		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE Louisa Henson		17. INFORMANT'S SIGNATURE OR NAME Clyde Henson Joplin, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-09-1711	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ch. Myocarditis</i> 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.		INTERVAL BETWEEN ONSET AND DEATH 4 2 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-7, 1950, to 6-7, 1950, that I last saw the deceased alive on 6-7, 1950, and that death occurred at 4:50 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Doctor or title) <i>Ed. S. James, M.D.</i>		23b. ADDRESS Joplin, Mo.	
23c. DATE SIGNED 6-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-12-50	
24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
DATE REC'D BY LOCAL REG. 6-9-50		REGISTRAR'S SIGNATURE <i>Ed. S. James</i> 138 (Licensed Embalmer)	
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort. Joplin, Mo.			

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

RECEIVED 6-12-50
Jasper County Health Office

County File Number 50-6-470
Date Filed 6-12-50

6-12-50

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Charles E. Frey

Licensed Embalmer No. 47868

P. O. Address Joplin, 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.