

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Harris
State File No. 23292
692

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ark. b. COUNTY Serecy.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pindall.	
c. LENGTH OF STAY (in this place) 10 hrs.		8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Lee c. (Last) Henson			4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1950				
5. SEX m. w.	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH May 6 - 1950	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Harrison Ark.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Virgil Henson	13b. MOTHER'S MAIDEN NAME Willie Dean Manss	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Father - Virgil Henson	ADDRESS Pindall Ark.
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiolitis		INTERVAL BETWEEN ONSET AND DEATH 2 days
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. Secondary Anemia		491X unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Aug. 1, 1950, to Aug. 2, 1950, that I last saw the deceased alive on Aug. 1, 1950, and that death occurred at 4:58 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas Harris M.D.	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED AUG 2 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-2-50	24c. NAME OF CEMETERY OR CREMATORY Pindall	24d. LOCATION (City, town, or county) (State) Pindall Ark.
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DATE REC'D BY LOCAL REG. 8-2-50	REGISTRAR'S SIGNATURE W. E. Handley M.D.	FUNERAL DIRECTOR'S SIGNATURE Gorman-Schaff	ADDRESS Springfield Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

396
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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 Lester Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Md

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.