

FILED SEP 11 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26391
Registrar's No. 211

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH
a. COUNTY COLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI b. COUNTY Reynolds

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City c. LENGTH OF STAY (in this place) 8 Days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUNKER 1900

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL d. STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED
a. (First) LEONARD b. (Middle) LAFAYETTE c. (Last) HENSON 4. DATE OF DEATH (Month) (Day) (Year) Sept 5, 50

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MARCH 19, 1878 9. AGE (In years last birthday) 72 5 MONTHS 14 DAYS

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

13a. FATHER'S NAME John Henson 13b. MOTHER'S MAIDEN NAME Lucretia Garrison 14. NAME OF HUSBAND OR WIFE Stella May Henson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES World War I 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Stella May Henson ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure (b) Heart Block (c) Myocardial Infarct

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Chronic Myocarditis
Diabetic mellitus - 3 y.
Chronic nephritis - 3 y.

INTERVAL BETWEEN ONSET AND DEATH
8 days
5 wks
5 wks
3 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Heald

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 3, 1950 to Sept 5, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward R. Bohner 23b. ADDRESS Jefferson City Mo 23c. DATE SIGNED Sept 5, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE Sept 9-1950 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery 24d. LOCATION (City, town, or county) (State) Salem, Missouri

DATE REC'D BY LOCAL REG. Sept 5-1950 REGISTRAR'S SIGNATURE R.P. Davis MD. MRO 25. FUNERAL DIRECTOR'S SIGNATURE Lawson Funeral Home ADDRESS 700 Jefferson

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

1264

OCT 21 1950

RECEIVED 9/9/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9/9/50

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.

Student Embalmer No.

Signed Raymond R Martin

Signed
Student Embalmer

Licensed Embalmer No. 4150

P. O. Address Jefferson City 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.