

FILED OCT 25 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32849

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4070 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Camden Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stoutland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rickland</u>	
c. LENGTH OF STAY (In this place) <u>Shorttime</u>		d. STREET ADDRESS (If rural, give location) <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>Alice</u> c. (Last) <u>HENSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan 24-1867</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Gibson Co Ind</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>A.G. Keys</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruth Benton</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Henson Bee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Henson Rickland</u>		17. ADDRESS <u>Rickland</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypostatic pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio-vascular remodeling</u> DUE TO (c) <u>arteriosclerosis + old age</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>50</u> , to <u>Oct 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>50</u> , and that death occurred at <u>12 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Myers, D.O.</u>		23b. ADDRESS <u>Rickland Mo.</u>	
23c. DATE SIGNED <u>10-17-50</u>		23c. DATE SIGNED <u>10-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>North Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rickland Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 18-1950</u>		REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Seepel</u>		ADDRESS <u>Rickland</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

150

RECEIVED 10-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-24-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3198

P. O. Address Richland

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.