

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36888

State File No.

470
1

BIRTH NO. 64856-50 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5563 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u> <u>0470</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile south of Glover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. south of Glover</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile south of Glover</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobbie</u> b. (Middle) <u>Gene</u> c. (Last) <u>Henson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1950</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Nov. 4 1950</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 1 Wks. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>Glover Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Robert Henson</u>		13b. MOTHER'S MAIDEN NAME <u>Glora Dean Dunn</u>	14. NAME OF HUSBAND OR WIFE <u>#</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Henson, Glover Mo.</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>Congenital Heart Abnormality</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH		<u>7544</u>	
19d. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) INJURY	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 <u>Nov. 4, 1950</u> , to <u>Nov. 5, 1950</u> , that I last saw the deceased alive on <u>Nov. 5, 1950</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. M. Whitstick M.D.</u>		23b. ADDRESS <u>Lester ville Mo</u>	23c. DATE SIGNED <u>11/21/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) DATE <u>burial 11-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Chloride Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 24, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Arvin J. ...</u> <u>128</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Iron ton Mo.</u> <u>Arvin White</u>	

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

RECEIVED

NOV 27 1950

DISTRICT HEALTH OFFICE No. 1

to file.....

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.....

was not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Russell J. White*

Licensed Embalmer No. *3212*

P. O. Address *Durston, 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.