

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19680

BIRTH NO. _____		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5275</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Des Moines TP</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Des Moines Tp</u> <u>0230</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Columbus</u>		c. (Last) <u>Henshaw</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1951</u>	
8. DATE OF BIRTH <u>August 7 1876</u>		9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William D. Henshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Jennette Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Henshaw</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nathan Henshaw, Alexandria, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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. _____				INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>				20. 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 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? _____			
22. I hereby certify that I attended the deceased from <u>4/18</u> , 19 <u>49</u> , to <u>5/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/27</u> , 19 <u>51</u> , and that death occurred at <u>12:30 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>N. Henshaw</u>				23b. ADDRESS <u>Kahoka, Missouri</u>		23c. DATE SIGNED <u>5/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Family Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Wayland Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/13-51</u>		REGISTRAR'S SIGNATURE <u>J. H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. F. Kirchner</u>		ADDRESS <u>Wayland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUN 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1114
Date Filed: JUN 19 1951

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.