

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23389**

BIRTH NO. _____ **REG. DIST. NO.** 156 **PRIMARY REG. DIST. NO.** 2101 **Registrar's No.** 323

1. PLACE OF DEATH
a. COUNTY Jasper

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

b. CITY (If outside corporate limits, write RURAL and give township) Joplin c. LENGTH OF STAY (In this place) 50 yrs
c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0495

d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman d. STREET ADDRESS (If rural, give location) 1814 Hill

3. NAME OF DECEASED
a. (First) JACK b. (Middle) GRANT c. (Last) HENSON

4. DATE OF DEATH (Month) (Day) (Year) 7-7-51

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** 8-10-64 **9. AGE** (In years last birthday) 86 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) bar tender **10b. KIND OF BUSINESS OR INDUSTRY** JACKSON Co OHIO **11. BIRTHPLACE** (State or foreign country) OHIO **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME FLOYD HENSON **13b. MOTHER'S MAIDEN NAME** UNKNOWN **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Mrs. J. R. Patterson **ADDRESS** 1814 Hill

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary carcinoma
ANTECEDENT CAUSES Primary in lungs
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
Morbidity 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 Unknown
Unknown

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 162x **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)** _____

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 May, 1951, to July, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 5:45 am., from the causes and on the date stated above.

23a. SIGNATURE Alvin N. Wilson (Degree or title) M.D. **23b. ADDRESS** 614 Francis Bldg. **23c. DATE SIGNED** 7-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 7-10-51 **24c. NAME OF CEMETERY OR CREMATORY** Nevada Cemetery **24d. LOCATION** (City, town, or county) (State) Nevada, Missouri

DATE REC'D BY LOCAL REG. 7-9-51 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** Steve Parker **ADDRESS** Mortuary, Joplin, Mo.

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

RECEIVED 7-16-51

Jasper County Health Office

County File Number 51/7/563

Date Filed 7-16-51

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 J. M. Jones

Signed Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.