

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26133

State File No. ....

FILED AUG 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112A Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> <u>0090</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY OR TOWN <u>RURAL SCOPUS TOP</u>		c. CITY OR TOWN <u>RURAL SCOPUS TOP</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR MARBLE HILL</u>		e. CITY OR TOWN <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OCTA</u>	b. (Middle) <u>F.</u>	c. (Last) <u>HENSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-1951</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-15-1879</u>	9. AGE (to years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRED S. WAKARD</u>	13b. MOTHER'S MAIDEN NAME <u>ISABELLE DELLINGER</u>	14. NAME OF HUSBAND OR WIFE <u>EDD HENSON</u>
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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>EDD HENSON</u>	ADDRESS <u>MARBLE HILL, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 4, 1950, to Aug 3, 1951 that I last saw the deceased alive on Aug 3, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Everette L. Price, D.O.</u>	23b. ADDRESS <u>Lutesville, Mo.</u>	23c. DATE SIGNED <u>8/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LESLIE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 21 51</u>	REGISTRAR'S SIGNATURE <u>Millie Paulantowich</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>	ADDRESS <u>LUTESVILLE, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Price

RECEIVED

AUG 23 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 1 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.