

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **40384**

FILED DEC 14 1951

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 185	
1. PLACE OF DEATH a. COUNTY Scott 1103				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston 100?			
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 Kendel St.				d. STREET ADDRESS (If rural, give location) 411 Kendel St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Benjamin c. (Last) Henson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH June 25, 1892	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Agullia, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W. Henson		13b. MOTHER'S MAIDEN NAME Jennette Kelso		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (You no. or unknown) (If yes, give war or dates of service) no X X		16. SOCIAL SECURITY NO. X X		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary Parmar Sikeston, Mo. 411 Kendel St.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis, Cardiac decompensation INTERVAL BETWEEN ONSET AND DEATH						
	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 4 2 2 2					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)		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 7-28 , 19 51 , to 11-26 , 19 51 , that I last saw the deceased alive on 11-26 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas J. Carter M.D.				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 12-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-2-51	24c. NAME OF CEMETERY OR CREMATORY Gravel Hill cem.		24d. LOCATION (City, town, or county) (State) Agullia, Mo.		
DATE REC'D BY LOCAL REG. 12-6-51		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Fun. Ser.		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 10 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1251-26

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 Walter Marsh Watkins

Signed.....

Student Embalmer

Licensed Embalmer No. 2717

P. O. Address Dexter 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.