

28861

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

SEP 8 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5843 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Newton County, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Marion 5-Mile</u>		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <u>Rural - Marion 5-Mile</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Galena, Kansas</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Galena, Kansas</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Pleasant</u> c. (Last) <u>Henson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 25, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 20, 1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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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>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Humansville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herman Henson</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Rosie 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>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosie Henson</u>	ADDRESS <u>Rt. 2, Galena, Kan.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased live on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dorley Thompson</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>8/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornet</u>	24d. LOCATION (City, town, or county) (State) <u>Hornet, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-28-52</u>	REGISTRAR'S SIGNATURE <u>Phyllis B. ...</u>	417- Steve Parker Mortuary, Joplin, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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(Licensed Funeral Home Statement on Reverse Side)

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

730

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**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 952-170

Date Filed 9-5-52

NEOSHO, MISSOURI

**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 F. M. Jones

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 with the above constitutes grounds for revocation of license.)

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