

STANDARD CERTIFICATE OF DEATH

39118
State File No. 11-11-52

FILED NOV 18 1952

04th 50

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>286221</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Missouri</u> b. COUNTY <u>JASPEY</u>)			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>Joplin</u>		d. STREET ADDRESS <u>511 JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>B.</u> c. (Last) <u>HENSON</u>			4. DATE OF DEATH <u>11-4-52</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 20 1889</u>	
9. AGE (In years last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LADIES READY TO WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHRISTMAS DEPT STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WINSLOW IND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>		13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-01-2027</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Garland Duncan</u> ADDRESS <u>Joplin</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RUPTURE TRAUMATIC DIAPHRAGM AND PERI-CARDIAL SAC WITH COMPRESSION LEFT LUNG AND CARDIAC EMBARRASMENT DUE TO DISPLACED STOMACH - CONTUSION SEVERAL CHEST AND ABDOMEN</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>AND CARDIAC EMBARRASMENT DUE TO DISPLACED STOMACH - CONTUSION SEVERAL CHEST AND ABDOMEN</u> DUE TO (c) <u>CHEST AND ABDOMEN</u> II. OTHER SIGNIFICANT CONDITIONS <u>Dislocation with fracture head of femur. Avulsion dislocation LT ankle</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STATE HWY #</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>055</u> (COUNTY) <u>LAWRENCE</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 2 52 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile collision on state HWY #</u>			
22. I hereby certify that I attended the deceased from <u>4:30 PM 11-2, 1952, to 11-4, 1952</u> , that I last saw the deceased alive on <u>11-4, 1952</u> , and that death occurred at <u>2:35 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Webb</u>				23b. ADDRESS <u>Joplin Nat'l Bank Bldg, Joplin</u>		23c. DATE SIGNED <u>11-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/7/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City MO</u>	
DATE REC'D BY LOCAL REG. <u>11-7-52</u>		REGISTRAR'S SIGNATURE <u>Ed O. James</u>		138		25. FUNERAL DIRECTOR'S SIGNATURE <u>HORLOND G LOVER</u> ADDRESS <u>MORTUARY</u>	

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/888

Date Filed 11-17-52

NOV 1952
MAR 7 1952

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 [Signature]

Licensed Embalmer No. 3566

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.