

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 4

**1. PLACE OF DEATH**

a. COUNTY New Madrid

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Como

c. LENGTH OF STAY (in this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)

a. STATE Missouri COUNTY New Madrid

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Como

d. STREET ADDRESS (If rural, give location) 1 1/2 Mi SE Parma Mo;

**3. NAME OF DECEASED** a. (First) Carroll b. (Middle) Whitfield c. (Last) Henson

**4. DATE OF DEATH** (Month) (Day) (Year) Feb. 16 1953

**5. SEX** male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married

**8. DATE OF BIRTH** April 5 1900 **9. AGE** (In years last birthday) 52 **10. KIND OF BUSINESS OR INDUSTRY** farming

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)

**11. BIRTHPLACE** (State or foreign country) State of Tenn; **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** John H. Henson **13b. MOTHER'S MAIDEN NAME** Nancy McCallister **14. NAME OF HUSBAND OR WIFE** Bertha Henson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)  **16. SOCIAL SECURITY NO.**  **17. INFORMANT'S SIGNATURE OR NAME** Bertha Henson **ADDRESS** Pilbourn Mo; Rt. 1

**19. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Cerebral Thrombosis

**ANTECEDENT CAUSES**

**ABORFID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.**

**DUE TO (b)** Arteriosclerotic Hypertension 3 years.

**DUE TO (c)** Arteriosclerosis 6 years.

**II. OTHER SIGNIFICANT CONDITIONS** 4201

**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  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** Sept. 16, 1952, to February, 1953, that I last saw the deceased alive on Feb. 10, 1953, and that death occurred at 2:20 A. M., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Dr. P. J. Muddock DO **23b. ADDRESS** Parma, Mo. **23c. DATE SIGNED** 2-17-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) burial **24b. DATE** Feb 18 1953 **24c. NAME OF CEMETERY OR CREMATORY** Caruthersville **24d. LOCATION** (City, town, or county) (State) Caruthersville Mo

**DATE REC'D BY LOCAL REG.** 2/21/53 **REGISTRAR'S SIGNATURE** Dr. Geo. W. Whisted MD **25. FUNERAL DIRECTOR'S SIGNATURE** Watkins Funeral Ser. **ADDRESS** Parma Mo;

(Licensed Embalmer's Statement on Reverse Side)

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

0720

**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 Walter Marsh Watters

Licensed Embalmer No. 4717

P. O. Address Sevier, 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.