

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8701**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **2003** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	c. LENGTH OF STAY (In this place) 50 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett 0051	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital		d. STREET ADDRESS (If rural, give location) Front Street	

3. NAME OF DECEASED (Type or Print) a. (First) AMOS b. (Middle) SYLVESTER c. (Last) HENSON	4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 19, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6 Days 25	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Auto Mechanic	11. BIRTHPLACE (City and State or Foreign Country) Jenkins, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME ELISHA HENSON	13b. MOTHER'S MAIDEN NAME ROSA EDEN	14. NAME OF HUSBAND OR WIFE NONE
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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) No	16. SOCIAL SECURITY NO. 224-01-0623	17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Scroggins Monett, MO.	ADDRESS Monett, MO.
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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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	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 4222	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) (Min.)	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 **12-13-1953** to **3-13-1953**, that I last saw the deceased alive on **3-13-1953**, and that death occurred at **7:04 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Buchanan, M.D.	23b. ADDRESS Monett, MO.	23c. DATE SIGNED 3-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Purdy Cemetery	24d. LOCATION (City, town, or county) (State) Purdy Missouri
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DATE REC'D BY LOCAL RES. Mar 16-53	REGISTRAR'S SIGNATURE Oliver A. Worthington	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Buchanan	ADDRESS Monett, MO.
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(Licensed Embalmer's Signature on Reverse Side)

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. P. Budanan

Licensed Embalmer No. 3179

P. O. Address Manette 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.