

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20393**

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 3072	Registrar's No. 120
1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		
c. LENGTH OF STAY (In this place) 6 Months		d. STREET ADDRESS (If rural, give location) 888 1/2 South Redman		
d. FULL NAME OF HOSPITAL OR INSTITUTION 888 1/2 South Redman		d. STREET ADDRESS (If rural, give location) 888 1/2 South Redman		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Albert c. (Last) Henshaw			4. DATE OF DEATH June 12, 1953 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1870	9. AGE (In years last birthday) 83 # UNDER 1 YEAR Months 1 Days 2 # UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeper		10b. KIND OF BUSINESS OR INDUSTRY Restaurants	11. BIRTHPLACE (City and State or Foreign Country) Madison County, Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert S. Henshaw		13b. MOTHER'S MAIDEN NAME Family Weakley	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 87-560-985	17. INFORMANT'S SIGNATURE OR NAME Mrs H.F. Martin, Marshall, Mo. ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon 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.		INTERVAL BETWEEN ONSET AND DEATH* 10/1/52
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? 153 X YES <input type="checkbox"/> NO <input checked="" 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 10:53 to June 17, 1953 , that I last saw the deceased alive on June 11, 1953 , and that death occurred at 3-30A m. from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS [Address]		23c. DATE SIGNED 6/12/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Forrest Hill cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. June 13-1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Marshall, Mo.		

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

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(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1953

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

Amos A. Lewis

Licensed Embalmer No. *4799*

P. O. Address *Marshall, 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.