

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FILED OCT 26 1953
10.48

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5039 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Barry

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

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 b. COUNTY Barry

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

d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED a. (First) Sarah b. (Middle) E. c. (Last) Henson

4. DATE OF DEATH (Month) (Day) (Year) 10-19-1953

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 9-15-1870 9. AGE (in years last birthday) 83 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mts. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and State or Foreign Country) Charleston, Arkansas / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Phillip E. Clanton 13b. MOTHER'S MAIDEN NAME Martha Dodson 14. NAME OF HUSBAND OR WIFE _____

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. no 17. INFORMANT'S SIGNATURE OR NAME Sam Tash-Cassville, Missouri ADDRESS _____

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES

DUE TO (b) not attended by a physician

DUE TO (c) for the past two years

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degrees or title) Grace Williams Registrar 23b. ADDRESS Cassville Mo 23c. DATE SIGNED 10-21-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-22-1953 24c. NAME OF CEMETERY OR CREMATORY Monett IOOF Cemetery 24d. LOCATION (City, town, or county) (State) Monett, Missouri

DATE REC'D BY LOCAL REG. 10-21-1953 REGISTRAR'S SIGNATURE Grace Williams 25. FUNERAL DIRECTOR'S SIGNATURE G. E. Culver ADDRESS Cassville Mo

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

0050 /

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.