

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2143

State File No. _____

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. _____

7-20

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Morehouse, Mo</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse, Mo</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Bill</u> c. (Last) <u>Henson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1/5/93</u>	9. AGE (in years last birthday) <u>61</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>23</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton & Corn</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hartman Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Henson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Acord</u>		14. NAME OF HUSBAND OR WIFE <u>Donie Henson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Donie Henson</u> ADDRESS <u>Morehouse, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary of Aorta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 years</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>191 X</u> YES <input checked="" type="checkbox"/> NO <input 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 1-1, 1954, to 1-28, 1954, that I last saw the deceased alive on 1-28, 1954, and that death occurred at 4:20 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Jones</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Morehouse Mo.</u>	23c. DATE SIGNED <u>1-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/31/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/13-54</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Sheets</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Jones</u>	ADDRESS <u>Sikeston, Mo</u>
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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

Joseph Allerton

Licensed Embalmer No.

2941

P. O. Address

Sekeston

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.