

19632

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

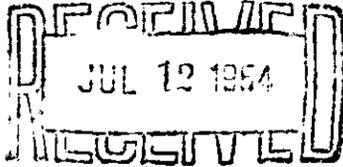
FILED JUL 13 1954

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>4817</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARQUAND</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARQUAND MO</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0620</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Boyd</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>HENSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-54</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>8-17-1880</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>(Retail)</u>		11. BIRTHPLACE (State or foreign country) <u>TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>FRANKLIN HENSON</u>			13b. MOTHER'S MAIDEN NAME <u>BETSY ANN TINNIN</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Henson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Bertha Henson Marquand 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Demiplegia (Cerebral Hemorrhage)</u> <u>7 days</u> DUE TO (c) <u>Hypertension</u> <u>3 years</u> 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 <u>331X</u>					20. AUTOPSY? 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) m.		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 <u>June 26, 1954</u> , to <u>July 2, 1954</u> , that I last saw the deceased alive on <u>July 2, 1954</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. Slaughter</u>			23b. ADDRESS <u>M. D. 195 W. Main Fredericktown</u>			23c. DATE SIGNED <u>7-8-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rhodes CHAP</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON MO</u>			
DATE REC'D BY LOCAL REG. <u>7-8-1954</u>		REGISTRAR'S SIGNATURE <u>Florence Decker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Thomas Marquand Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FREDRICKTOWN, MO.



FILE No. 254-43

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricktown

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.