300
48

FILED SEP 7 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26477

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 32

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 21 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 909 COLLEGE HILL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 909 COLLEGE HILL

0 164 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lelia
b. (Middle):
c. (Last): Henson

**4. DATE OF DEATH** (Month) (Day) (Year): Aug - 25 - 1954

**5. SEX**: Female 1
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Dec. 7 - 1866
**9. AGE** (In years last birthday): 87 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Near Norfolk Virginia
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James Byrn Andrews
**13b. MOTHER'S MAIDEN NAME**: Josephine Holt Andrews
**14. NAME OF HUSBAND OR WIFE**: Nacy F Henson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No.
**16. SOCIAL SECURITY NO.**: No.
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs John E Riley
**ADDRESS**: 909 College Hill Cape Girardeau Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* senility

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 6/10, 1953, *to* 8/25, 1954, *that I last saw the deceased alive on* 8/25, 1954, *and that death occurred at* 5:35 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. H. Klenn
(Degree or title): MD
**23b. ADDRESS**: Cape Girardeau Mo
**23c. DATE SIGNED**: 8/27/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug. 27-54
**24c. NAME OF CEMETERY OR CREMATORY**: City Cemetery
**24d. LOCATION** (City, town, or county) (State): S. Kenton Mo

**DATE REC'D BY LOCAL REG.**: 8-30-54
**REGISTRAR'S SIGNATURE**: E. E. Summers 44-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Richards Funeral Co.
**ADDRESS**: New Madrid Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.