

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26829

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>275</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>1132 N. PROSPECT</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOY</u>		b. (Middle) <u>W.</u>		c. (Last) <u>HENSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 12, 1954</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>15 OCT. 1904</u>			
9. AGE (In years last birthday) <u>49</u>		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) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTO AGENCY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN W. HENSON</u>		13b. MOTHER'S MAIDEN NAME <u>NORA SWEARINGEN</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE HENSON</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GRACE HENSON</u>		ADDRESS <u>SPRFD. 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal aorta embolus</u>				ANTECEDENT CAUSES				1 da	
DUE TO (b) <u>Virus pneumonia, rt, mid lobe</u>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 wk	
DUE TO (c) _____				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>Embolectomy</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) <u>492X</u>					
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 <u>8-6-54</u> , 19 <u>54</u> , to <u>8-12-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-12-54</u> , 19 <u>54</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>8-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEME.</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MO.</u>			
DATE REC'D BY LOCAL REG. <u>8-10-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

APR 19 1955

1806-23-115

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
Signature of Student Embalmer

Signed *Max Rhodes*

Licensed Embalmer No. *40*

P. O. Address *Spring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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