

STANDARD CERTIFICATE OF DEATH

State File No. **28100**

FILE SEP 3 1954

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5730</u>		Registrar's No. <u>440</u>	
1. PLACE OF DEATH a. COUNTY <u>LACHEDE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>PEORIA</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-SMITH T.S.</u>		c. LENGTH OF STAY (in this place) <u>✓</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>PEORIA</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 MILES EAST OF LEBANON</u>				d. STREET ADDRESS (If rural, give location) <u>226 N. JEFFERSON</u>			
3. NAME OF DECEASED (Type or Print) <u>DONALD</u>		a. (First)		b. (Middle) <u>FREDERICK HENSHILWOOD</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 15 1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	
8. DATE OF BIRTH <u>DECEMBER 13 1925</u>		9. AGE (In years last birthday) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SOLDIER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LITCHFIELD, ILLINOIS</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. ARMY</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN HENSHILWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 21 DEC-43 DATE</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>U.S. Army - F. WOOD, MISSOURI</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED 1ST CERVICAL VERTEBRA AND PULMONARY EDEMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>FRACTURED RIBS 1, 2, 3, 4, 5 RT and 11-2 LEFT</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 TO 15 MINUTES.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY # 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SMITH TOWNSHIP LACHEDE MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 15 1954 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CAR WRECK.</u>			
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 <u>2:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L.R. Palmer, Coroner</u>				23b. ADDRESS <u>Libanon Missouri</u>		23c. DATE SIGNED <u>8-15-1954</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-15-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NOT KNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>Litchfield, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>8-15-1954</u>		REGISTRAR'S SIGNATURE <u>Hella L. Way</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. ...</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1954

SEP 7 1954

Received AUG 28 1954
Laclede County Health Unit
File No. 8-54-135
Date Filed AUG 30 1954

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 Walter P. Neugebauer

Licensed Embalmer No. 4765

P. O. Address Beni, Mo.

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.