

No. 300
10-48

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28643

State File No. _____

900

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6026</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Carroll</u>		c. LENGTH OF STAY (In this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Carroll</u>		0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. N.W. of Centerville</u>				d. STREET ADDRESS (If rural, give location) <u>10 mi. N.W. of Centerville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lemuel</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Henson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 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>May 23, 1905</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR <u>2</u> Months		IF UNDER 24 HOURS <u>24</u> Days		IF UNDER 12 HRS. <u>0</u> Mins.	
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>own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Henson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Lunsford</u>			14. NAME OF HUSBAND OR WIFE <u>Alice Cordella 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)		16. SOCIAL SECURITY NO. <u>499-22-6181</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doyle Henson, Springfield, Mo.</u> ADDRESS			
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>Suicide</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 Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>8/17</u> , 1954, and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Covered</u>				23b. ADDRESS <u>Centerville, Mo.</u>		23c. DATE SIGNED <u>8/19/54</u>	
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/20/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Reynolds, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/26/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 275-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Ironton, Mo.</u>			

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

Received 8-31-54
Reynolds County Health
File No. 854 - 52

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.