

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34803

State File No.

FILED NOV 15 1954
BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River		c. LENGTH OF STAY (In this place) 7 Months	c. CITY OR TOWN Caruthersville
d. FULL NAME OF HOSPITAL OR INSTITUTION Wardell Rt. 1		e. STREET ADDRESS (If rural, give location) 204 W. 14th. Street	

3. NAME OF DECEASED (Type or Print) Betty Henthorn			4. DATE OF DEATH (Month) (Day) (Year) October 29, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 27, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Rayville, Louisiana		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Nelson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.A. Swader ADDRESS Bragg City, Rt. 2

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebrovascular accident		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes mellitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

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 **Oct 2, 1954**, to **Oct 28, 1954**, that I last saw the deceased alive on **Oct 28, 1954**, and that death occurred at **2:53A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel R Hensley MD	23b. ADDRESS Wardell	23c. DATE SIGNED 11-2-54
---	-----------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 31, 1954	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 11-6-54	REGISTRAR'S SIGNATURE Johann Herman	406-0	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith ADDRESS Funeral Home C'ville, Mo.
---	--	-------	---

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

11-270-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 12 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
Signature of Student Embalmer

Signed *W. Denver Fike*

Licensed Embalmer No. *448*

P. O. Address *Caruthers*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.