

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40277**

FILED DEC 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Jenison</b>		c. LENGTH OF STAY (in the place) <b>2 day</b>	c. CITY OR TOWN <b>Gilman City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wright</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STREET ADDRESS (If rural, give location) <b>0470</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hilry</b> b. (Middle) <b>Bush</b> c. (Last) <b>Henson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 5 1955</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-2-1876</b>
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>3</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Rd. Road Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Hallsville Boone Co. W. Va</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>William Henson</b>		13b. MOTHER'S MAIDEN NAME <b>Argeline Crews</b>	14. NAME OF HUSBAND OR WIFE <b>Fannie Durbay</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dercy Henson Ke. Mo</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder</b> ANTECEDENT CAUSES <b>Will perforation of 3 days duration</b> Morbidity 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 <b>181x</b> 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 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 <b>Dec 29, 1955</b> , to <b>Dec 29, 1955</b> , that I last saw the deceased alive on <b>Dec 29, 1955</b> , and that death occurred at <b>4:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Clues P. Duffey M.D.</b>		23b. ADDRESS <b>Trouton Mo</b>	23c. DATE SIGNED <b>Dec 30th 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-8-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>310x81 Hills</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>			
DATE REC'D BY LOCAL REG. <b>12-27-55</b>		REGISTRAR'S SIGNATURE <b>Drene Fand</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. B. Baker Bethany Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

3561 0 8

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.B. Hane*

Licensed Embalmer No. *389*

P. O. Address *Bethany*

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.