

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42261**

FILED DEC 31 1956

| | | | | | | | | |
|---|--|--|---|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>247</u> | | PRIMARY REG. DIST. NO. <u>7346</u> | | Registrar's No. <u>39</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> | | c. LENGTH OF STAY (in this place) <u>years</u> | | c. CITY OR TOWN <u>Granby</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>Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>7120</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Walter</u> c. (Last) <u>Henson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1956</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>7-16-1897</u> | | |
| 9. AGE (In years last birthday) <u>59</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, - Missouri</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Henson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Powers</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Nellie Henson</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>440-10-4071</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Henson Granby, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> | |
| 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) <u>4201</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>Dec 20, 1956</u> to <u>19</u> , that I last saw the deceased alive on <u>Dec 20, 1956</u> , and that death occurred at <u>2:12 a. m.</u> , from the cause and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Charles O. Chester D.O.</u> | | | | 23b. ADDRESS <u>GRANBY Mo</u> | | 23c. DATE SIGNED <u>12-20-56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>12-20-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Franklin Frances, Okla.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Dec 20, 1956</u> | | REGISTRAR'S SIGNATURE <u>M. L. Young</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floyd E. Skowrod, Granby, Mo.</u> | | | | |

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

225

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No: Newton

District file number 1256-220

Date filed DEC 2 1956

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 Floyd E. Stearns

Licensed Embalmer No. 4923
P. O. Address Box 58 Granby 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.