

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41258

STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 5843 Registrar's No. 1

S. 300
1-57

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR RURAL TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY RURAL OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RT. 2, SENECA INSTITUTION		Length of stay in 1b ALWAYS	d. STREET ADDRESS (If outside, give location) RT. 2, SENECA
3. NAME OF DECEASED (Type or print) First ROSE Middle ETTA Last HENSON			4. DATE OF DEATH Month OCT. Day 19 Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) CARTERVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN STOUT		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE WILLIAM HENSON, DECD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT RAYMOND HENSON, RT. 2, SENECA, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure DUE TO (b) Master C.A. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X			INTERVAL BETWEEN ONSET AND DEATH 3 days 6 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION NEWTON		COUNTY NEWTON STATE MO.	
21. I attended the deceased from Oct. 18 '57 to Oct. 19 '57 and last saw her alive on Oct. 18 1957 Death occurred at 12:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John B. Roberts D.O.	
22b. ADDRESS P.O. Box 295 Seneca Mo		22c. DATE SIGNED 10/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-22-57	23c. NAME OF CEMETERY OR CREMATORY HORNET CEMETERY,
23d. LOCATION (City, town, or county) HORNET, MISSOURI		24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	
25. DATE RECD. BY LOCAL REG. Nov. 2. 1957		26. REGISTRAR'S SIGNATURE Mrs. Irene Russell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL HISTORY of patient
10/18/57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. Newton
District File Number 1157-251
Date Filed NOV 12 1957

NOV 24 1958
NOV 18 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Japhar me

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.