Health, Welfare Public Service

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-005124

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): SPRINGFIELD — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): CITY HOSPITAL — Length of stay in 1b: 22 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1219 N. BROWN — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: B. Last: HENDERSON

4. DATE OF DEATH Month: 3 Day: 6 Year: 58

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 22 MARCH 1886 **9. AGE** (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER **10b. KIND OF BUSINESS OR INDUSTRY:** RETIRED **11. BIRTHPLACE** (City and state or country): OHIO **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: HENRY HENDERSON **13b. MOTHER'S MAIDEN NAME:** MARY BURTIS **14. NAME OF HUSBAND OR WIFE:** Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No **16. SOCIAL SECURITY NO.:** UNKNOWN **17. INFORMANT:** HOSPITAL RECORDS Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5702.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/3/58, to 3-6-58 and last saw him alive on 3/6/58
Death occurred at 11:15 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyman D. Brown MD. **22b. ADDRESS:** 311½ COLLEGE SPRINGFIELD, MISSOURI **22c. DATE SIGNED:** 3/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 3-8-58 **23c. NAME OF CEMETERY OR CREMATORY:** Greenlawn **23d. LOCATION** (City, town, or county) (State): Springfield, Mo.

24. FUNERAL DIRECTOR: J. W. Klingner + Co. **ADDRESS:** SPGFD. MO. **25. DATE RECD. BY LOCAL REG.:** 3-7-58 **26. REGISTRAR'S SIGNATURE:** Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr D

Licensed Embalmer No 4196

P. O. Address Springfield

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.