

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019299  
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 290 Primary Registration District No. 4428 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richland, Missouri</b>		c. CITY OR TOWN <b>Richland, Missouri</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		d. STREET ADDRESS (If outside, give location) <b>None.</b>	
3. NAME OF DECEASED (Type or print) First <b>LouSinda</b> Middle <b>---</b> Last <b>Henson.</b>		4. DATE OF DEATH Month <b>May</b> Day <b>3,</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 18, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Milan, Mo Sullivan Co. USA</b>
12a. FATHER'S NAME <b>William Carmack.</b>		12b. MOTHER'S MAIDEN NAME <b>Nancy Nance.</b>	12c. NAME OF HUSBAND OR WIFE <b>John Burton Henson.</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>Unknown.</b>	17. INFORMANT <b>Mack Henson.</b> Address <b>Richland, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Insufficiency.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma, neck primary.</b> DUE TO (c) <b>1991</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs. months.</b>
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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>2:30</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dated by year) <b>[Signature] M.D. 0</b>		22b. ADDRESS <b>Richland, Missouri</b>	22c. DATE SIGNED <b>5/5/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/6/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>
24. FUNERAL HOME OR ADDRESS <b>Hedges Funeral Home Richland, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-5-58</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 8 1956  
P. T. J. J. J.

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 *Clarence J. Moss* .....

Licensed Embalmer No. 4896

P. O. Address...Waynesville, 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.