

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020827

STATE FILE NUMBER

FILED JUN 18 1958

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cassville</b> <b>0050</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp.</b>		Length of stay in lb <b>33 da.</b>	d. STREET ADDRESS (If outside, give location) <b>Townsend &amp; 14th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CARTHUEL</b> Middle <b>D.</b> Last <b>HENBEST</b>			4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 25, 1886</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mail carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	11. BIRTHPLACE (City and state or country) <b>Cassville, Mo.</b>
13a. FATHER'S NAME <b>Edward L. Henbest</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Black</b>	14. NAME OF HUSBAND OR WIFE <b>Maud Roller Henbest</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 <b>Paul D. Henbest-Cassville, 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>Coronary Artery Occlusion</b> DUE TO (b) <b>Myocardial Infarction</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b> <b>33 days</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 <b>Cassville, Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>May 1, 1958</b> to <b>June 2, 1958</b> and last saw him alive on <b>June 2, 1958</b> Death occurred at <b>10:50 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Grace E. Williams, D.O.</b> (Degree or title)		22b. ADDRESS <b>Cassville, Mo.</b>	
22c. DATE SIGNED <b>6/5/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-6-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Cassville, Missouri</b>
24. FUNERAL DIRECTOR <b>Culver's</b>		25. DATE RECD. BY LOCAL REG. <b>6-14-1958</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

8961 2 70r

JUL 2 1958

NO. 658-137

DATE REC. 6-17-58

copy 2

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

*L. E. Culver*

Licensed Embalmer No.

3584

P. O. Address

Cassville, 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.