

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026443

STATE FILE NUMBER

FILED AUG 14 1958

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 77

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1-57  
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1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>NEW OFFENBURG</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL</u>		Length of stay in 1b <u>3 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>NEW OFFENBURG</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>DOROTHY ELEANOR HENSON</u>			4. DATE OF DEATH Month Day Year <u>JULY 1 1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 10 1917</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BERND ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>ELMER SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH McAVOY</u>		14. NAME OF HUSBAND OR WIFE <u>LOONIE 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>498-36-8598</u>	17. INFORMANT Address <u>Loonie Henson New Offenburg Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage during + after chole cystectomy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>chole cystitis with cholelithiasis</u>	
	DUE TO (c) <u>Congenital anomaly of hepatic artery</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>584X</u>		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 COUNTY STATE
21. I attended the deceased from <u>June 30, 1958</u> to <u>July 1, 1958</u> and last saw <u>him</u> alive on <u>July 1, 1958</u> Death occurred at <u>9:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Wm J. Gatterman M.D.</u>	22b. ADDRESS <u>Carroll, Mo.</u>	22c. DATE SIGNED <u>2/2/58</u>

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>CREM</u>	23b. DATE <u>July 5 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>	23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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24. FUNERAL DIRECTOR <u>Geo C. Basher Co. Excelsior Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>July 14 - 58</u>	26. REGISTRAR'S SIGNATURE <u>John J. Zuelker</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Adrian J. Eller* .....

Licensed Embalmer No. *4740* .....

P. O. Address *St. Donovani* .....

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.