

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032346  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 881B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> <u>0396</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2111 N. Howard</u>		Length of stay in lb <u>43 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2111 N. Howard</u>
3. NAME OF DECEASED (Type or print) First <u>Lawrence</u> Middle <u>J.</u> Last <u>Henslee</u>			4. DATE OF DEATH Month <u>September</u> Day <u>9</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 4, 1892</u>
9. AGE (In years, last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Webster County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>C.S. Henslee</u>	
13b. MOTHER'S MAIDEN NAME <u>Natalia Barnhart</u>		14. NAME OF HUSBAND OR WIFE <u>Zora Henslee</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>----</u>	
17. INFORMANT (Son) <u>Cecil Henslee</u>		Address <u>Springfield, 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>Tabetic Neurosyphilis</u>			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) _____			<u>024X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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>1957</u> to <u>Sept 9, 1958</u> and last saw <u>her</u> alive on <u>Sept 7, 1958</u> Death occurred at <u>7:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dean Cunningham, M.D.</u>		22b. ADDRESS <u>Springfield, Mo</u>	
22c. DATE SIGNED <u>9-10-58</u>			
23a. BURIAL, CREMATION, or other disposal (Specify) <u>Burial</u>	23b. DATE <u>9-11-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Bluff Cemetery near Fair Grove, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Missouri</u>
24. FUNERAL DIRECTOR <u>Rex Rainey - Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-12-58</u>	26. REGISTRAR'S SIGNATURE <u>Edie E. Melton</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

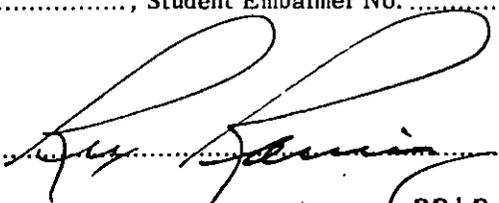
MEDICAL CERTIFICATION

SEP 22 1958

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  \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.