

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000679
STATE FILE NUMBER

300 5
1-57

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Inside Limits Yes No

c. CITY OR TOWN Jefferson City Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 119 East High Street 20yrs Length of stay in lb

d. STREET ADDRESS 204 Cherry Street (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Charles Leonard Henson

4. DATE OF DEATH Month Day Year
Jan 17 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH Sept-29-1877 9. AGE (In years last birthday) 81 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) Lawyer 10b. KIND OF BUSINESS OR INDUSTRY Public Service 11. BIRTHPLACE (City and state or country) Com. Galena, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lafayette Henson 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Grace B. Henson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 500-34-4917 17. INFORMANT Address Edna Giertz, Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial infarction
Coronary Occlusion
DUE TO (b) Coronary Occlusion
DUE TO (c) Arteriosclerosis
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
5 minutes

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM 23b CORRECTED
BY AFFIDAVIT OF Funeral Director
2-6-59

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. 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 1-16-43 to 1-17-59 and last saw ^{him} alive on 1-10-59
Death occurred at 10.00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. McHoneyard 22b. ADDRESS Jefferson City, Mo 22c. DATE SIGNED 1-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 23 Jan-20-1959 23c. NAME OF CEMETERY OR CREMATOR Mt. Vernon Cemetery 23d. LOCATION (City, town, or county) (State) Mt. Vernon, Missouri

24. FUNERAL DIRECTOR ADDRESS Thorpe J Gordon, Jefferson City, Mo. 25. DATE RECD. BY LOCAL REG. 19 January 1959 26. REGISTRAR'S SIGNATURE R.P. Davis, Md-Mr.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 27 1959
VS FEB 6 1959

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 *Boyd Jordan*
Licensed Embalmer No. *1786*
P. O. Address *Jeff City 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.