Health, Welfare Public Service

300 1-57 3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006037

STATE FILE NUMBER

FILED FEB 20 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Unity Village Prairie — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Blue Springs 7000 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Unity Farm — Length of stay in 1b 5 hrs.	d. STREET ADDRESS (If outside, give location) 502 South 17th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First John	Middle Nealey	Last Henshaw	4. DATE OF DEATH Month Feb. Day 12 Year 1959
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept. 12, 1895	9. AGE (In years last birthday) 64 — 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) Orchard Worker	10b. KIND OF BUSINESS OR INDUSTRY Orchard	11. BIRTHPLACE (City and state or country) Unknown 9	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Will Henshaw	13b. MOTHER'S MAIDEN NAME Jennie Neeley	14. NAME OF HUSBAND OR WIFE Eva Henshaw		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-30-5499	17. INFORMANT Eva Henshaw, Blue Springs, Mo.	Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — 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)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner	22b. ADDRESS 1034 Rialto Bldg	22c. DATE SIGNED 2-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE Feb. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Liberty, Missouri
24. FUNERAL DIRECTOR ADDRESS Brauinger Funeral Home Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. 2-12-1959	26. REGISTRAR'S SIGNATURE N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 8 1959

FEB 26 1959

VS SEP 29 1960

MAR 31 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 N. B. Langford Jr.

Licensed Embalmer No. 4962

P. O. Address Lee's Summit,

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.