THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015104

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3993

1. PLACE OF DEATH a. COUNTY ?	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Rollalive — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Barnes Hospital — Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 405 Olive — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LINDA	Middle KAY	Last HENSON	4. DATE OF DEATH Month Day Year March 20, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 6/4/1957
9. AGE (In years last birthday) 1	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) Child	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and state or country) Rolla, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lee Henson	13b. MOTHER'S MAIDEN NAME Shirley Headrick	14. NAME OF HUSBAND OR WIFE - - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT Lee Henson 405 Olive Address Rolla, 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) Multiple Skull fractures — INTERVAL BETWEEN ONSET AND DEATH 2 Laws

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)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

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

20c. TIME OF INJURY 1:30 Hour p.m. Month, Day, Year 3/20/59

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.) 65 Home

20f. CITY, TOWN, OR LOCATION Rolla — COUNTY Phelps — STATE Mo

21. I attended the deceased from 3/20/59, to 3/20/59 and last saw her/him alive on 3/20/59

Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. F. Andreassen MD	22b. ADDRESS Rolla Mo	22c. DATE SIGNED 3/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/22/1959	23c. NAME OF CEMETERY OR CREMATORY Pilot Khob Cemetery
23d. LOCATION (City, town, or county) (State) Rolla, Mo.		
24. FUNERAL DIRECTOR Carl J. Glenn — ADDRESS 1100 Elm, Rolla, Mo.	25. DATE RECD. BY LOCAL REG. APR 23 '59	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Provisional - Cancer Also not known anything about

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 .....Me....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....Carl J. Gleason

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.