

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016912

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

253

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Poplar Bluff</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Williamsville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Poplar Bluff Hospt.</i>		Length of stay in 1b <i>10 min.</i>	1110 STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <i>BENJAMIN FRANKLIN Henson</i>			4. DATE OF DEATH Month Day Year <i>MAY 13, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 28, 1915</i>
9. AGE (In years last birthday) <i>43</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Forestry Service</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Forestry Service</i>	11. BIRTH PLACE (City and state or country) <i>Williamsville, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>BENJAMIN FRANKLIN Henson</i>	
13b. MOTHER'S MAIDEN NAME <i>Lucy MANDORA Hovelace</i>		14. NAME OF HUSBAND OR WIFE <i>Ethel Lorean Chioster</i>	
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. <i>55-10-6602</i>	17. INFORMANT <i>Ethel Henson</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>lower abdominal cavity 1 1/2 hours</i>	
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)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot by an officer in line of duty</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>9:30 p.m. 5-13-59</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Williamsville Wayne Mo</i>	
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) <i>Grover W. Green, Coroner</i>		22b. ADDRESS <i>Poplar Bluff Mo</i>	22c. DATE SIGNED <i>5/22-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>MAY 13, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Williamsville</i>	23d. LOCATION (City, town, or county) (State) <i>Williamsville, Mo.</i>
24. FUNERAL DIRECTOR <i>NORMAN W. Gish</i>	ADDRESS <i>Piedmont Mo.</i>	25. DATE REC'D. BY LOCAL REG. <i>5/30/59</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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NOV 17 1956

FILE NO.

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 Marvin E. Bowler

Licensed Embalmer No. 4426
P. O. Address Proctor

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.