Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021158
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY: Iron	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton — Inside Limits: Yes [#] No [ ]	c. CITY OR TOWN: 047 Liberty — Inside Limits: Yes [ ] No [#]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Mary's Hosp. — Length of stay in 1b: 4 da	d. STREET ADDRESS (If outside, give location): 1 mi. S of Glover — Reside on Farm: Yes [#] No [ ]

3. NAME OF DECEASED (Type or print)	First: JAMES	Middle: ANDREW	Last: HENSON	4. DATE OF DEATH: Month June Day 5 Year 1959
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [#] DIVORCED [ ]	8. DATE OF BIRTH: Aug 15 1959	9. AGE (In years last birthday): 88 — 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): farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Mine LaMotte Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE: Lucy Jane Henson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT Address: Arthur Henson, Glover Mo.		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fractured left hip	5 days
DUE TO (c)	9040	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): far advanced arterio-sclerosis 21

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): fall at his home
20c. TIME OF INJURY Hour 3:00 p.m. Month, Day, Year 6-1-59	Glover, Iron, Missouri
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
20f. CITY, TOWN, OR LOCATION: Glover, 047 COUNTY: Iron STATE: Missouri	

21. I attended the deceased from 6-1-59, to 6-5-59 and last saw ~~her~~ him alive on 6-5-59
Death occurred at 9.00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. E. Harland M.D.	22b. ADDRESS: Ironton, Missouri	22c. DATE SIGNED: 6-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: 6-7-59	23c. NAME OF CEMETERY OR CREMATORY: Big Creek Cemetery
23d. LOCATION (City, town, or county) (State): Glover Mo.		
24. FUNERAL DIRECTOR ADDRESS: Ansell S. White — White Funeral Home, Ironton Mo.	25. DATE RECD. BY LOCAL REG.: 6-9-59	26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(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.

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.