

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 164

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|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>STATE <u>Missouri</u> COUNTY <u>Laclede</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Lebanon</u>                               |  | Length of stay in 1b<br><u>15 yrs.</u>   | c. CITY OR TOWN<br><u>Lebanon</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Wallace Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>435 Hood St.</u>                  |
|   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Lydia Margaret</u> Middle <u>Henson</u> Last <u>Henson</u> |  |  | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>2</u> Year <u>1959</u> |  |  |
|--|--|--|---|--|--|

|                         |                                  |   |                                      |                                     |  |  |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1/22/1870</u> | 9. AGE (last birthday)<br><u>89</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done During most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u> | 11. BIRTHPLACE (City and state or country)<br><u>Laclede Co. Mo. U. S. A.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u> |
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| 13a. FATHER'S NAME<br><u>L. C. Mills</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Eunice Ware</u> | 14. NAME OF HUSBAND OR WIFE<br><u>George Henson</u> |
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|   |  |                                    |                                     |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT<br><u>Joe Henson</u> | Address<br><u>Lebanon Mo. Rt. 2</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                      | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u> |
| IMMEDIATE CAUSE (a) <u>chronic myocarditis</u>   |                                      |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) _____<br>DUE TO (c) _____ |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | Month, Day, Year |
|---|------------------|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 10-31-59 to 11-2-59 and last saw her him alive on 11-2-59  
 Death occurred at 7: P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                   |                                     |                                    |
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| 22a. SIGNATURE<br><u>B B Hurd M.D.</u> | (Degree or title) | 22b. ADDRESS<br><u>Lebanon, Mo.</u> | 22c. DATE SIGNED<br><u>11-3-59</u> |
|--|-------------------|-------------------------------------|------------------------------------|

|  |                             |   |  |         |
|--|-----------------------------|---|--|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>11/4/59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>New Hope Cemetery near Long Lane Mo.</u> | 23d. LOCATION (City, town, or county)<br><u>Lebanon, Mo.</u> | (State) |
|--|-----------------------------|---|--|---------|

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| 24. FUNERAL DIRECTOR<br><u>Dorsey M. Howe</u> | ADDRESS<br><u>Lebanon, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>11-4-1959</u> | 26. REGISTRAR'S SIGNATURE<br><u>Hella L. Gray</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Dorsey M. How

Licensed Embalmer No. 4222

P. O. Address. Lebanon

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.