URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009840
STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 16

NDED

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Avery Alexander Tay — Length of stay in 1b 2 hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Old Avery — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Benton
c. CITY OR TOWN Fairfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Otis Last Henderson
4. DATE OF DEATH Month Mar Day 30 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH Sept 11-1906
9. AGE (last birthday) 53 — IF UNDER 1 YEAR Months 6 Days 19 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Line
10b. KIND OF BUSINESS OR INDUSTRY Fisher Body
11. BIRTHPLACE (City and state or country) Bentonville, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Henderson
13b. MOTHER'S MAIDEN NAME Malissa Breshears
14. NAME OF HUSBAND OR WIFE Thelma Henderson

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. Unknown
17. INFORMANT Malissa Henderson — Address Fairfield, Mo

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)	ACUTE EXSANGUINATION	20 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	TRAUMATIC PUNCTURE ABDOMINAL ARTERIES	20 MIN.
DUE TO (c)	GUN SHOT WOUND	20 MIN.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
SELF INFLICTED GUNSHOT WOUND (SUICIDE)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ XX 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 DEAD ON ARRIVAL and last saw her/him alive on DEAD ON ARRIVAL
Death occurred at 5:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gus C Sally DO
BENTON COUNTY CORONER
22b. ADDRESS WARSAW, MO.
22c. DATE SIGNED 3/31/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-1-1960
23c. NAME OF CEMETERY OR CREMATORY Avery Cemetery
23d. LOCATION (City, town, or county) Avery (State) Mo

24. FUNERAL DIRECTOR Gilbert Hathaway — ADDRESS Wheatland Mo
25. DATE RECD. BY LOCAL REG. Apr. 1-1960
26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed. [illegible]

Licensed Embalmer No. 4267

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.