RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS. JUN 29 1960 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 85

-60-024110
STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo — Length of stay in 1b: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Richland, Missouri — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. # 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Kerry Middle Kent Last Henson.
4. DATE OF DEATH: Month June Day (16) Year 1960
5. SEX: Male
6. COLOR OR RACE: White.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/19/60
9. AGE (last birthday): IF UNDER 1 YEAR Months 7 Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----------
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Waynesville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Kenneth W. Henson.
13b. MOTHER'S MAIDEN NAME: Emma Darlene England.
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)
16. SOCIAL SECURITY NO.: ----------
17. INFORMANT: Kenneth W. Henson. Address: Richland, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia, Primary — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Surgery for Relief of Pyloric Stenosis and Atresia of Small Intestines — 5 days
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ 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 June 9, 1960, to June 16, 1960 and last saw him alive on June 16, 1960
Death occurred at 11:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Mihalevich D.O.
22b. ADDRESS: Richland, Missouri
22c. DATE SIGNED: 6/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/18/60
23c. NAME OF CEMETERY OR CREMATORY: Mt. View. Cemetery
23d. LOCATION (City, town, or county) (State): Richland, Mo. Rural
24. FUNERAL DIRECTOR: Hedges Funeral Home — ADDRESS: Richland, Mo
25. DATE RECD. BY LOCAL REG.: 6-17-60
26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Clarence Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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