URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

NDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 445

60-037691
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau
Length of stay in 1b: 9 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN: Fredericktown 8 Miles S.E. of
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural - Castor Township
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Edith Middle: Jane Last: Henson
4. DATE OF DEATH: Month: November Day: 1 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-2-1899
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sam Lutes
13b. MOTHER'S MAIDEN NAME: Maggie Miller
14. NAME OF HUSBAND OR WIFE: H.C. Henson
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.: None
17. INFORMANT: H.C. Henson Address: Fredericktown, 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): Chronic Pancreatic Insufficiency
INTERVAL BETWEEN ONSET AND DEATH: 2-yrs
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)
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 10-31-60, to 11-1-60 and last saw her alive on 11-1-60
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P. A. Ritter M.D. (Degree or title)
22b. ADDRESS: Cape Girardeau Mo
22c. DATE SIGNED: 11-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 4, 1960
23c. NAME OF CEMETERY OR CREMATORY: Snowdenville Cemetery
23d. LOCATION (City, town, or county) (State): Madison County, Missouri

24. FUNERAL DIRECTOR: H. Anderson
ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 11-10-60
26. REGISTRAR'S SIGNATURE: Irene Karter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS FEB 9 1961

DEC 30 1960

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 _____

Signature of Student Embalmer

Licensed Embalmer No. 435

P. O. Address FREDERICKT

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.