IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-045601

STATE FILE NUMBER

FILED VS DEC 28 1960

Registration District No. 1007 Primary Registration District No. 3019 Registrar's No. 247

NDED

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunklin County Memorial Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Cleoeland Middle: none Last: Henson

4. DATE OF DEATH: Month: 12 Day: 4 Year: 1960

5. SEX: Male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/20/85

9. AGE (last birthday): 75

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): retired day labor

10b. KIND OF BUSINESS OR INDUSTRY: day labor

11. BIRTHPLACE (City and state or country): Paragould, Arkansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Henson

13b. MOTHER'S MAIDEN NAME: Mary Laden

14. NAME OF HUSBAND OR WIFE: Lee Henson - 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.: none

17. INFORMANT: Lee Henson - Hornersville, 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 thrombosis	10 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerotic heart disease	15 years
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 10/20/55 to 12/4/60 and last saw ~~her~~ him alive on 12/3/60

Death occurred at 3 ~~A~~ P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R L Robinson (Degree or title) MD

22b. ADDRESS: Hornersville, Mo

22c. DATE SIGNED: 12/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/6/60

23c. NAME OF CEMETERY OR CREMATORY: Silverdale Cemetery

23d. LOCATION (City, town, or county) (State): Dunklin County, Missouri

24. FUNERAL DIRECTOR: Howard Funeral Service

ADDRESS: Leachville, Ark.

25. DATE RECD. BY LOCAL REG.: 12-21-1960

26. REGISTRAR'S SIGNATURE: Earl Hinshaw

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 29 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 W. W. Howard

Signature of Student Embalmer

Licensed Embalmer No. 39 S

P. O. Address Beltsville

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