MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 4

=61=000100
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Monett
Length of stay in 1b: 47 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 910 4th St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Barry
c. CITY OR TOWN: Monett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 910 4th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RAYMOND Middle EDEN Last HENSON

4. DATE OF DEATH: Month Jan. Day 1, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/2/13
9. AGE (last birthday): 47
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): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: .
11. BIRTHPLACE (City and state or country): Lawrence County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Elisha G. Henson
13b. MOTHER'S MAIDEN NAME: Rosey Henson
14. NAME OF HUSBAND OR WIFE: none

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: Mrs. Laura Scroggins, Monett, Mo.
Address:

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): Carcinoma of Stomach
INTERVAL BETWEEN ONSET AND DEATH: 20 months
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 2-12-60 to 1-1-61 and last saw [redacted]ive on 12-30-60
Death occurred at 9:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. E. Edwards (Degree or title) M.D.
22b. ADDRESS: Monett, Mo.
22c. DATE SIGNED: 1/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/3/61
23c. NAME OF CEMETERY OR CREMATORY: Purdy, Cem.
23d. LOCATION (City, town, or county) (State): Purdy, Mo.

24. FUNERAL DIRECTOR: J. D. Buchanan
ADDRESS: Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 1-3-61
26. REGISTRAR'S SIGNATURE: Mae P. N. Cook

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. M. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.