MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

-61-002024

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 3

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEBANON - RURAL — Length of stay in 1b: 40 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rural Route #2 — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First Charles Middle Herbert Last Henson
4. DATE OF DEATH: Month Jan. Day 3, Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-13-04
9. AGE (last birthday): 56 — 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): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: carpenter
11. BIRTHPLACE (City and state or country): Brush Creek, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Henson
13b. MOTHER'S MAIDEN NAME: Mary Layman
14. NAME OF HUSBAND OR WIFE: Grace Henson
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.:
17. INFORMANT: Mrs. Grace Henson, Address: Lebanon, Rt. 2 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): Pulmonary Tuberculosis, — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Far advanced, active c cavitation — 5 years (known)
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 1955, to Jan. 3, 1961 and last saw ~~her~~ him alive on Jan. 2, 1961.
Death occurred at 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Bummerstein
22b. ADDRESS: Lebanon Mo
22c. DATE SIGNED: 1-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-5-61
23c. NAME OF CEMETERY OR CREMATORY: Ivey Cemetery
23d. LOCATION (City, town, or county) (State): Laclede Co., Missouri

24. FUNERAL DIRECTOR: T. J. Shadel — ADDRESS: Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 1-5-1961
26. REGISTRAR'S SIGNATURE: Della L. Day

(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_____ Signed Brice M. Abbott

Signature of Student Embalmer

Licensed Embalmer No. 5115

P. O. Address Springfield, M

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.