

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018261

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 23

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0150

28150

3

4 0

5 0

6

7 0

8 2

9 9

10 6

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 16 1962

1. PLACE OF DEATH
a. COUNTY **Camden**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Richland (Rural)** Length of stay in lb **4 days**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Near Mt View Church** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Camden**

c. CITY OR TOWN **Richland** Inside Limits Yes No

d. STREET ADDRESS (if outside, give location) **Richland Hillhouse Addition** Reside on Farm Yes No

3. NAME OF DECEASED First **Fred** Middle **-** Last **Henson** 4. DATE OF DEATH Month **May** Day **3** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **June 25 1896** 9. AGE (last birthday) **65** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Labor** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Camden County Mo** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **George Henson** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Fred Henson Richland Mo (Deceased)** Address **pre arranged**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): **Coronary Occlusion**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Intestinal failure**
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 **1 June 62** to **1 Aug 62** and last saw him alive on **1 June 62**
Death occurred at **Not known** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Lucien M. Ward MD** 22b. ADDRESS **Richland, Missouri** 22c. DATE SIGNED **5/8/1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5/8/1962** 23c. NAME OF CEMETERY OR CREMATORY **Oaklawn Cemetery** 23d. LOCATION (City, town, or county) (State) **Richland, Missouri**

24. **Lucien M. Ward** ADDRESS **Richland, Missouri** 25. DATE RECD. BY LOCAL REG. **May 11-1962** 26. REGISTRAR'S SIGNATURE **Zilpha J. Traw**

USE BLACK INK OR TYPEWRITER RIBBON

MAY 17 1962

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.