

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022619

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 999

FILED JUL 2 1962

VS 300
Rev. 4/59

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21120,

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>NIANGUA</u>	
Length of stay in Ib <u>2 hours</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors' Memo Osteopathic</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 2</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Wesley Eugene Henderson</u>			4. DATE OF DEATH Month Day Year <u>June 26, 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-30-47</u>
9. AGE (last birthday) <u>15</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Marshfield, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Joseph Wesley Henderson</u>	
13b. MOTHER'S MAIDEN NAME <u>Cindy Pauline Cantrell</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mr. J. W. Henderson, Rt. 2, NIANGUA, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SHOCK</u> DUE TO (b) <u>EXSANGUINATION</u> DUE TO (c) <u>CRUSHING TRAUMA OF CHEST</u> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL OFF A TRUCK & THE TRUCK RAN OVER HIS CHEST.</u>	
20c. TIME OF INJURY. Hour <u>3:00</u> p.m. Month, Day, Year <u>6-26-62</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	
20e. CITY, TOWN, OR LOCATION <u>NIANGUA RT 2 WEBSTER MO.</u>		20f. COUNTY STATE	
21. I attended the deceased from <u>6-26-62</u> to <u>SAME</u> and last saw him alive on <u>6/26/62</u> Death occurred at <u>7:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas Blinn, D.D.</u>		22b. ADDRESS <u>Marshfield, Mo.</u>	22c. DATE SIGNED <u>6/26/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>6-26-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>
23d. LOCATION (City, town, or county) <u>MARSHFIELD MO</u>		23e. STATE	
24. FUNERAL DIRECTOR <u>BARBER-EDWARDS, MARSHFIELD.</u>		25. DATE RECD. BY LOCAL REG. <u>6-28-62</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Mellin</u>

USE BLACK INK OR TYPEWRITER RIBBON

M. W. WAIN
STATE EMBALMER

M. W. WAIN
STATE EMBALMER

Permit received
6-26-63

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 *Paul Boyle*

Licensed Embalmer No. 3848
P. O. Address W. E. Lane 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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH