

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032004

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 160
FILED AUG 22 1962

VS 300
Rev. 4/59
10810
20810
3
4 0
5 1
6
7 1
8 2
9420.1
10
11
1270-2
13 1-0

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Newburg</u> | | Length of stay in lb <u>4 years</u> | c. CITY OR TOWN <u>Newburg</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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Albert Henson</u> | | | 4. DATE OF DEATH Month Day Year <u>Aug 20 1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 15 1886 76</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Maintaince</u> | 9. AGE (last birthday) <u>5</u> Months <u>3</u> Days IF UNDER 1 YEAR IF UNDER 24 HR Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Spring Creek</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Nathan Henson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Blue</u> | 14. NAME OF HUSBAND OR WIFE <u>Nannie Henson</u> |
| 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>[Redacted]</u> | 17. INFORMANT Address <u>Nannie Henson Newburg, Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Cardio vascular renal dis</u> DUE TO (c) <u>[Redacted]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not-related to the terminal disease condition given in PART I (a) <u>Parkinsons disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>a few hours</u> <u>several mo.</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 <u>Aug 6, 1958</u> to <u>Aug 20, 62</u> and last saw her alive on <u>Aug. 17, 62</u> Death occurred at <u>5:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Richard Myers</u> | | 22b. ADDRESS <u>Newburg, Mo</u> | 22c. DATE SIGNED <u>Aug 21, 62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug 22 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u> | 23d. LOCATION (City, town, or county) <u>Rolla Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Lee Johnson Newburg, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 21, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u> |

USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 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 William L. Strawhew

Licensed Embalmer No. 5043

P. O. Address Newburg, 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.