

FILED DEC 9 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0044758

## CERTIFICATE OF DEATH

Registration District No. 139 Primary Registration District No. 3023 Registrar's No. 213

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. William H Henson		2. male	3. Dec 1 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. white		5a. 81	5b.	6. Sept 28, 1887
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7a. Clinton		7b. Wetzel Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri		9. USA	10. married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 556-30-4630		13a. Farmer	13b. Farming	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER	
14a. Missouri 14b. St Clair		14c. Appleton City	14d. yes 14e.	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Sam Henson		16. Clara Chrisler		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Nettie M. Henson		17b. Appleton City Missouri		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE				
(a) <i>medullary plasmocytoma</i>				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <i>carcinomatous</i>				4-200
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <i>primary adenocarcinoma prostate 3 yrs</i>				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				ANTOPSY (YES OR NO) 19a. <i>NO</i>
<i>Pulmonary hypertension &amp; coronary artery disease</i>				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. <i>NY</i>	20b. <i>NY</i>	20c. <i>NO</i>	20d. <i>NY</i>	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e. <i>NY</i>	20f. <i>NY</i>	20g. <i>NY</i>		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <i>Did</i>
21a. DECEASED FROM	21b. 2/4/66	21c. 12/1/68	21d. <i>Did</i>	21e. 1/99
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				
22a. CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE
22b. James E. Claus		22c. <i>James E. Claus</i>		22d. <i>MD</i>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP
23a. 105 E. Ohio Street		23b. Clinton, Mo		23c. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial	24b. Englewood cemetery		24c. Clinton Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 1	
24d. Dec 3, 1968	24e. Sickman-Dunning F H		24f. Clinton, Mo	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <i>John F. Dickman</i>	25b. <i>Melred Bigam</i>		25c. Dec. 4, 1968	

VS 300  
Rev. 1/6840425  
5. 2

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0930  
PARENTS

CAUSE

CERTIFIER

BURIAL

DO NOT WRITE ON THIS STUB

9. 0  
10a. 81  
10b.  
11. 0  
12. 1  
13. 185X  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

RECEIVED FEB 2 1968

**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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Permit Obtained 12-11-68 (1968)