

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029327

Registration District No. 245 Primary Registration District No. 58394366 Registrar's No. 105 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 5 1963

1. PLACE OF DEATH
 a. COUNTY Newton
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Granby Length of stay in 1b
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Newton
 c. CITY OR TOWN Granby Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Marcus Middle Last Henson
 4. DATE OF DEATH Month 7 Day 27 Year 63

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6-1-63 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months 1 Days 27 Hours 1 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Webb city, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jimmy Henson 13b. MOTHER'S MAIDEN NAME Sally Adams 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)
 16. SOCIAL SECURITY NO.
 17. INFORMANT Mr Jimmy Henson - Granby, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Asphyxiation INTERVAL BETWEEN ONSET AND DEATH immediate
 DUE TO (b) Respiration accidentally obstructed
 DUE TO (c)
 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)
 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.)
child was on divan with mother, who fell asleep child was smothered

20c. TIME OF INJURY Hour 10:00 Minute 00 Month, Day, Year 7-26-63
 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.) in home
 20f. CITY, TOWN, OR LOCATION COUNTY STATE
Granby Newton Missouri

21. ~~DATE OF DEATH~~ Death occurred at 10:00 P.m. on the date stated above, and, to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Coroner 22b. ADDRESS 118 W. Main Street 22c. DATE SIGNED 7-30-63
Newton Co., Mo. (State)

23a. BURIAL (CREMATION) REMOVAL (Specify) Burial 23b. DATE 7-29-63 23c. NAME OF CEMETERY OR CREMATORY Granby Memorial 23d. LOCATION (City, town, or county) (State) Granby, Missouri

24. FUNERAL DIRECTOR Stewmate Funeral Home - Granby ADDRESS 11-30-63 25. DATE REG. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Jaydene Belka

VS 300 Rev. 4/59
 1 0730
 2 0730
 3
 4 0
 5 0
 6
 7 0
 8 2
99240
 10 19
 11 073
 12 40-3
 13 (n7)

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

USE BLACK INK OR TYPEWRITER RIBBON

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

Loy E. Shumbe

Licensed Embalmer No. 4923

P. O. Address Box 218 Danby, Mass

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.