

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1303

48

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Safayette</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 Day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Odesa, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hensley</b> b. (Middle) <b>Luc</b> c. (Last) <b>Lale</b>			4. DATE OF DEATH (Month) <b>1</b> (Day) <b>5</b> (Year) <b>49</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>3-18-1884</b>		9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Odesa Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Hensley Lale</b>			13b. MOTHER'S MAIDEN NAME <b>Sallie Gaston</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>(Daughter) Mrs. Idna Hobbs</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1st &amp; 2nd degree burns</b>		INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Terminal Bilateral Pulmonary Edema</b>			
				DUE TO (c) <b>Chronic Glomerular Nephritis</b>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E9160</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>ODESSA</b> (COUNTY) <b>LA FAYETTE</b> (STATE) <b>MO</b>			
21d. TIME OF INJURY <b>1-4-49</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>House Rained</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)				23b. ADDRESS <b>1034 Royal Bldg</b>		23c. DATE SIGNED <b>1-5-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-6-49</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Odesa, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-6-49</b>		REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b> ADDRESS <b>3235 GILLHAM PLAZA</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1949

FEB 14

**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 .....  
Student Embalmer

Signed.....

*Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address.....  
*KC 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 this body is not embalmed, fact should be so stated above.

*Arnee Case*