

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7543

FILED APR 8 1949

State File No. 120  
Registrar's No. 120

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 120		Registrar's No. 120			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff			c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff							
d. FULL NAME OF HOSPITAL OR INSTITUTION: Doctors Hospital				d. STREET ADDRESS (If rural, give location) Route 4							
3. NAME OF DECEASED (Type or Print) Melvin Eugene Hensley				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3/26/49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 8/4/40		9. AGE (In years last birthday) 8		# UNDER 1 YEAR 7 Months Days 28 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Joe Harviell Hensley				13b. MOTHER'S MAIDEN NAME Artie Marie Windle				14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Joe Hensley				ADDRESS Poplar Bluff, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema ANTECEDENT CAUSES Encephalitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Upper respiratory infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7810						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 3/21 1949, to 3/26 1949, that I last saw the deceased alive on 3/20 1949, and that death occurred at 8 p.m., from the causes and on the date stated above.											
23a. SIGNATURE J. P. Kuehert (Degree or title) M.D.						23b. ADDRESS Poplar Bluff, Missouri			23c. DATE SIGNED 4/1/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/49		24c. NAME OF CEMETERY OR CREMATORY Kinsey		24d. LOCATION (City, town, or county) (State) Harviell (Butler County) Mo					
DATE REC'D BY LOCAL REG. 4/2/49		REGISTRAR'S SIGNATURE J. P. Kuehert				25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch		ADDRESS Poplar Bluff, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

12  
7  
3

APR 5 REC'D

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

449-39

4-5-49

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**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.

Signed Wallace M. Fitzh

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.