S. No. 300
v. 10.48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3713

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANSFIELD
c. LENGTH OF STAY (in this place): 64 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANSFIELD MO.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) H. c. (Last) HENSLEY

4. DATE OF DEATH (Month) JAN (Day) 7 (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 18-1885
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE STA OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: GASOLINE STA.
11. BIRTHPLACE (State or foreign country): MANSFIELD MO
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: GIDEON HENSLEY
13b. MOTHER'S MAIDEN NAME: HULDA SMITH
14. NAME OF HUSBAND OR WIFE: NOLA HENSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Nola Hensley ADDRESS: MANSFIELD 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, asthenia, etc.—It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension 220/160 — 2
DUE TO (c) — 332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Apoplexy — 4 yr 1946

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 8 A. m., from the causes and on the date stated above.*

23a. SIGNATURE: M. C. Henley (Degree or title) M.D.
23b. ADDRESS: Ava Mo
23c. DATE SIGNED: 1-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JAN. 18-50
24c. NAME OF CEMETERY OR CREMATORY: HENSLEY CEM.
24d. LOCATION (City, town, or county) (State): MANSFIELD MO.

DATE REC'D BY LOCAL REG.: 1-17-50
REGISTRAR'S SIGNATURE: Dwight Hunter per Ruth Stokes 394
25. FUNERAL DIRECTOR'S SIGNATURE: F. A. Stiffle ADDRESS: MANSFIELD MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 30 1950
District Health Office No. 6,
District File Number 150-142
Date Filed 1-30-50

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 F.G. Stiffe
Licensed Embalmer No. 3221
P. O. Address Mansfield 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.