

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

534

220

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

BIRTH NO. REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHADWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHADWICK</u> <u>0220</u>	
c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. CHADWICK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. CHADWICK</u>		d. STREET ADDRESS <u>R.F.D. CHADWICK</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLELL</u> b. (Middle) <u>WILLIS</u> c. (Last) <u>HENSLEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>MAY 26-1923</u>
9. AGE (In years last birthday) <u>27</u>		10. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WINFRED HENSLEE</u>		13b. MOTHER'S MAIDEN NAME <u>SAMANTHA NEWBERRY</u>	
14. NAME OF HUSBAND OR WIFE <u>WILMA CORNOG, HENSLEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WILMA HENSLEE, R.F.D. CHADWICK, MO.</u>		ADDRESS	
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) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		5920	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1, 1950</u> to <u>Jan 6, 1951</u> , that I last saw the deceased alive on <u>Jan 6, 1951</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. R. Farthing, M.D.</u>		23b. ADDRESS <u>Ozark, Mo.</u>	
23c. DATE SIGNED <u>Jan 8-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan. 10-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CHADWICK</u>		24d. LOCATION (City, town, or county) (State) <u>CHADWICK MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 13-51</u>		REGISTRAR'S SIGNATURE <u>Lillie Barr</u> <u>58</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 16 1951

Dist. File _____

Date Filed _____

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 20 1951

Dist. File 157-170

Date Filed 1-22-51

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.