

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Carthage	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 1720 Baker Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JEWELL	b. (Middle) EDWIN	c. (Last) HENSLEY	4. DATE OF DEATH (Month) (Day) (Year) Jan 23, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 26, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 27	IF UNDER 1 HRs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) quarryman		10b. KIND OF BUSINESS OR INDUSTRY quarries		11. BIRTHPLACE (State or foreign country) Wishart, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Hensley	13b. MOTHER'S MAIDEN NAME Belle McCarthy	14. NAME OF HUSBAND OR WIFE Ada May Sears Hensley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.E. Hensley, 1720 Baker, Carthage	ADDRESS 1720 Baker, Carthage
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mycobacterium Chronic</i>		<i>Anterior</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio-vascular Disease</i>		<i>Many years</i>
DUE TO (c) <i>42218</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Hemorrhage</i>		<i>21 Days</i>	
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) <input checked="" type="checkbox"/>	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) (Min.)	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 11-2, 1946, to 1-23, 1951, that I last saw the deceased alive on 1-21, 1951, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i> MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 1-23-51
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24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
24e. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 25, 1951

DATE REC'D BY LOCAL REG. 1-25-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Knell Mortuary, Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

493  
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RECEIVED 1-30-51  
Jasper County Health Office

County File Number 51-1-53

Date Filed 1-30-51

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.