

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11919**

FILED APR 16 1951

BIRTH NO. 39213-51 REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No. 11

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 OR TOWN <u>Chadwick S. Linn #25</u> c. LENGTH OF STAY (in this place) <u>9 MOS.</u>		c. CITY OR TOWN <u>"RURAL" S. LINN #25</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD CHADWICK</u>		d. STREET ADDRESS (If rural, give location) <u>RFD. CHADWICK #270</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Hershee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>3</u> <u>1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 3, 1950</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>CHADWICK - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles W. HENSLEE</u>	13b. MOTHER'S MAIDEN NAME <u>WILMA CORNOG</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. WILMA HENSLEE, CHADWICK, MO.</u>
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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, ashenia, 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) <u>Lobar Pneumonia</u>		<u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complication of measles</u> DUE TO (c)		<u>3 days</u>
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 <u>0851</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/29th, 1951, to 4/3, 1951, that I last saw the deceased alive on 3/29th, 1951, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent P. McCormick D.O.</u> (Degree or title)	23b. ADDRESS <u>Ozark, Mo.</u>	23c. DATE SIGNED <u>4/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHADWICK</u>	24d. LOCATION (City, town, or county) (State) <u>CHADWICK. MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>April 11 1951</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr</u>	58	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris Clover, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 12 1951

Dist No. 457-788

Date Recd. 4-12-51

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.

This body was not embalmed

Student _____
Student Embalmer

Signed *John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.