

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17354**

BIRTH NO. **124** REG. DIST. NO. **215** PRIMARY REG. DIST. NO. **5783** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Iberia, Richwoods, Twp		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Iberia, Rural, Richwoods Twp	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 0660	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Christain c. (Last) Hensley			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben Hensley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Amanda M. Hensley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Eska Hensley ADDRESS Iberia, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Coronary Thrombosis		3 days
	DUE TO (c) Arteriosclerosis		Years
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
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 **May 19th, 1951**, to **May 21, 1951**, that I last saw the deceased alive on **May 21, 1951**, and that death occurred at **10:30m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. A. Gould, D.O.	23b. ADDRESS Iberia, Mo.	23c. DATE SIGNED 5/23/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/23/51	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery
DATE REC'D BY LOCAL REG. May 23-1951	REGISTRAR'S SIGNATURE Jessie Perkins	24d. LOCATION (City, town, or county) (State) Miller County, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Keades		ADDRESS Iberia, Mo.

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

RECEIVED

MAY 29 1951

MILLER COUNTY HEALTH
DEPARTMENT

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



Licensed Embalmer No. 4265

P. O. Address Iberia, 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.