

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31082**  
Registrar's No. **92**

FILED OCT 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LOUISIANA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LOUISIANA</b> <b>0821</b>	
c. LENGTH OF STAY (in this place) <b>7 years</b>		d. STREET ADDRESS (If rural, give location) <b>108 1/2 SOUTH MAIN ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>108 1/2 SOUTH MAIN ST.</b>		e. STREET ADDRESS <b>108 1/2 SOUTH MAIN ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ERNEST</b> b. (Middle) <b>MERRITT</b> c. (Last) <b>HENSLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 25, 1951</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>DEC. 2, 1881</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR OF UNDER 4 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY STORE</b>		
11. BIRTHPLACE (State or foreign country) <b>IOWA</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13g. FATHER'S NAME <b>GEO. W. HENSLEY</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH R. NEWELL</b>		14. NAME OF HUSBAND OR WIFE <b>MILDRED L. HENSLEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>495-12-8577</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LAWRENCE HENSLEY-FOLIA, MO</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Acute Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>2 wks.</b> <b>3 yrs.</b>
		ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b>			
		DUE TO (c) <b>Cardiac Decompensation</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Upper Respiratory Inf.</b> <b>Diabetes Mellitus</b>			

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)		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 **JUNE**, 19**48**, to **9-25**, 19**51**, that I last saw the deceased alive on **9-24**, 19**51**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>LOUISIANA, MO.</b>		23c. DATE SIGNED <b>9-24-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>SEPT 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELSBERRY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Halley Mortuary, Louisiana, Mo.</b>	

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

OCT 18 1957

Date Received: OCT 8 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 10-57-1774  
Date Filed: OCT 8 1957

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana, Me*

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.