

FILED NOV 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 38172

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - JACKSON TWP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FLORIDA, Mo. 0690</b>	
c. LENGTH OF STAY (in this place) <b>3 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PLEASANT VIEW REST HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSIE</b> b. (Middle) <b>DEAN</b> c. (Last) <b>HENSEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 12, 1951</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APR. 12, 1876</b>
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>0</b>	IF UNDER 18 YRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HORSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>BRAXTON D. POLLARD</b>	13b. MOTHER'S MAIDEN NAME <b>MARY FRANCES GOSS</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN T. HENSEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ALBERT JONES, PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Calcium Heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11/12/51</b> <b>11/12/51</b> <b>21/5</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>long standing</b> the underlying cause last.		
	DUE TO (c)		
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 <b>4201</b>	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 **Nov 12, 1951**, to **Nov 12, 1951**, that I last saw the deceased alive on **Nov 12, 1951**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. M. H. Jones</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>PARIS, Mo.</b>	23c. DATE SIGNED <b>11-12-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-13-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORIDA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>FLORIDA, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-13-51</b>	REGISTRAR'S SIGNATURE <b>F. A. Barron M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Speed &amp; Blakey PARIS, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

90  
4

Date Received: NOV 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-2083  
Date Filed:  
NOV 20 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....  
*E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.