

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2211

State File No.

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 8912 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Geniuscat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Geniuscat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Route Virginia Prop.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Prop.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clinton W</u> b. (Middle) <u>Hensley</u> c. (Last) <u>Hensley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>10-13-1888</u>			9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Geniuscat Co mo</u>		11. BIRTHPLACE (State or foreign country) <u>USA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Penny</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Hensley</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Hensley</u> ADDRESS <u>Steele mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4201 Steele mo</u>	
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? _____	

22. I hereby certify that I attended the deceased from 1/10, 1952, to 1/10, 1952, that I last saw the deceased alive on D.O.A., and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. McCallahan</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Steele, mo</u>		23c. DATE SIGNED <u>1/17/52</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Reinterment</u>		24b. DATE <u>1-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele mo</u>					

DATE REC'D BY LOCAL REG. <u>1-21-52</u>		REGISTRAR'S SIGNATURE <u>A. L. ...</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Berman ...</u> ADDRESS <u>Steele mo</u>	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1780
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Dr. Callahan
FILED JAN 25 1952

1-52-29

Rec. JAN 24 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 John W. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.