

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12445

State File No. ....

FILED MAY 1 - 1952

REG. DIST. NO. 84

PRIMARY REG. DIST. NO. 5319

Registrar's No. 13

270  
1

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Otterville Twp</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Otterville Twp.)</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles SE of Otterville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles SE of Otterville</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1952</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>ENDARD</u> c. (Last) <u>HENSLEY</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 7, 1877</u>		9. AGE (In years last birthday) <u>74</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>same</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Esther Hensley</u>		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>4201</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer Hensley</u> ADDRESS <u>725 St. George</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Bacterial Clones</u> DUE TO (c) <u>Hypertension</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	
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) (Minute)		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 <u>April 26, 1952</u> , to <u>April 26, 1952</u> , that I last saw the deceased alive on <u>April 26, 1952</u> , and that death occurred at <u>9:45 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. W. Johnson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Otterville Mo.</u>	
23c. DATE SIGNED <u>April 26, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>April 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Field Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Martin Twp. Muskogee, Okla.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garys - Painter, Otterville, Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>April 27, 1952</u>		REGISTRAR'S SIGNATURE <u>Nellie Millett</u> 75-0	

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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 R. L. Painter

Licensed Embalmer No. 4069

P. O. Address Atterville, 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.