

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21041**
Registrar's No. **59**

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035**

542

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

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY OR TOWN Lexington		c. LENGTH OF STAY (In this place) 1 3/4 hr	c. CITY (If outside corporate limits, write RURAL and give township) Wheeling		d. STREET ADDRESS (If rural, give location) Not Known
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital					
3. NAME OF DECEASED a. (First) FRANCES			b. (Middle) WHALING	c. (Last) Sensenich	4. DATE OF DEATH (Month) (Day) (Year) June 24 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 11, 1905	9. AGE (In years last birthday) 47	10. MONTHS 5
				DAYS 13	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Osceola, Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Chas. B. Talbott		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Forrest H Sensenich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not Known		16. SOCIAL SECURITY NO. me	17. INFORMANT'S SIGNATURE OR NAME ADDRESS F.H. Sensenich, Wheeling, Missouri		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, Hemorrhage, Multiple Fractures of left Leg, Abdominal Contusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Collided at high speed with a car going in opposite direction; on 7-24 Due to (c) highway 7 miles west of Lexington II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Mo. E8164 26				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no 24 highway	21c. CITY, TOWN, OR TOWNSHIP Lexington	(COUNTY) Lafayette	(STATE) Miss.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-24-52 6:45 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Motor car Collision			
22. I hereby certify that I attended the deceased from after death , 19 52 , to 6-24 , 19 52 , that I last saw the deceased alive on _____, 19 _____, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. Martin M.D. Coronar			23b. ADDRESS Osceola, Mo.		23c. DATE SIGNED 6-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Wheeling		24d. LOCATION (City, town, or county) (State) Wheeling, Missouri	
DATE REC'D BY LOCAL REG. 6-27-52	REGISTRAR'S SIGNATURE M. E. ...	156-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. J. ...		

AUG 7 1952

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Livington Memorial

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.