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Reg. 106,449

FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4301

State File No.

BIRTH NO.

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 500Registrar's No. 0076

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS. MO.		c. LENGTH OF STAY (In this place) 58 Days		d. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS. MO. St. Louis 2119		e. STREET ADDRESS (If rural, give location) ST. LOUIS, MISSOURI 2616 Marcus	
3. NAME OF DECEASED (Type or Print) a. (First) MC KINLEY b. (Middle) c. (Last) HENSLEY			4. DATE OF DEATH (Month) (Day) (Year) 1/8/53				
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1/27/96		9. AGE (In years last birthday) 56 yrs.	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY SCULLIN STEEL		11. BIRTHPLACE (City and State or Foreign Country) PACIFIC, MISSOURI <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DAVE HENSLEY		13b. MOTHER'S MAIDEN NAME ANNIE WILLIAMS		14. NAME OF HUSBAND OR WIFE MARY HENSLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD I		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, SITE UNDETERMINED ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE				INTERVAL BETWEEN ONSET AND 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) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1992			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A.		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 11/11 1952, to 1/8, 1953, and that death occurred at 4:35 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Robert C. Hoppe Robert C. Hoppe M.D.				23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.		23c. DATE SIGNED 1/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-15-53	24c. NAME OF CEMETERY OR-CREMATORY Jefferson Bks. Natl.		24d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo.		
DATE REC'D BY LOCAL REG. 1-10-53		REGISTRAR'S SIGNATURE Herbert R. Danks-M.D.		25. FUNERAL DIRECTOR'S SIGNATURE DeMent & Son 2629-31 Cole Street			

(Licensed Embellisher's Statement on Reverse Side)

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

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

H. Claude Gordon

Licensed Embalmer No. _____

3489

P. O. Address _____

4575 Ald

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.