

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5284

FILED FEB 23 1954

BIRTH NO. REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Joel c. (Last) Hensley			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 17, 1865	9. AGE (In years last birthday) 88/1/22	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) Jarvis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Rev. Joel Hensley	13b. MOTHER'S MAIDEN NAME Alice Williams	14. NAME OF HUSBAND OR WIFE Irene Ellis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Janet Hensley, Herculaneum, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of old age.		18 months
	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. arteriosclerotic heart disease with myocardial insufficiency		3 years.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May, 1950, to Feb. 9, 1954** that I last saw the deceased alive on **Feb 3, 1954**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.	23b. ADDRESS Desoto, Mo.	23c. DATE SIGNED 2-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/11/54	24c. NAME OF CEMETERY OR CREMATORY Sandy Cemetery	24d. LOCATION (City, town, or county) (State) Sandy, Mo.
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DATE REC'D BY LOCAL REG. 2-10-54	REGISTRAR'S SIGNATURE Karlson Marsden	25. FUNERAL DIRECTOR'S SIGNATURE H. H. ...	ADDRESS
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 17 1954

FEB

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 *James H. Hume*
.....

Licensed Embalmer No. *4744*

P. O. Address *Crystal City, 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.