

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7589**

No. 200  
10-48

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BIRTH NO. **FILLED MAR 10 1954** REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **1546** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>mo</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Denver mo</b>	c. LENGTH OF STAY (in this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Denver mo 1130</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ISAAC</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>HENSLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 23 1954</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 5 - 1875</b>		9. AGE (in years last birthday) <b>78</b> <small> <input type="checkbox"/> UNDER 1 YEAR  <input type="checkbox"/> YEAR  <input type="checkbox"/> UNDER 2 Wks.                  Months Days Hours Mins.             </small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>mo 0</b>	
13a. FATHER'S NAME <b>Alfred Hensley</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Goodwin</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Hensley</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cora Hensley</b>		ADDRESS <b>Denver mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>			ANTECEDENT CAUSES			DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			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 <b>177 X</b>				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) (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 **Feb 1**, 19**53**, to **Feb 23**, 19**54**, that I last saw the deceased alive on **Feb 23**, 19**54**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles W. Williamson, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Denver mo</b>		23c. DATE SIGNED <b>3-2-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 25 - 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lone Star Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lone Star - mo</b>	
DATE REC'D BY LOCAL REG. <b>March 3 - 1954</b>		REGISTRAR'S SIGNATURE <b>John E. Dawson</b>		345		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. E. Brown</b>	
				ADDRESS <b>Denver mo.</b>			

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

536 113

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 \_\_\_\_\_

*J.P. Brown*

Licensed Embalmer No. 2977

P. O. Address Denver 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.