

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15270

| | | | | | | | | | | | |
|--|-------------------------------|--|--|--|---|---|---------------------------------|--|-----------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>41</u> | | PRIMARY REG. DIST. NO. <u>3012</u> | | Registrar's No. <u>52</u> | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> | | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> | | | <u>6003</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 Beverly</u> | | | | d. STREET ADDRESS (If rural, give location) <u>420 Beverly</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Clay</u> b. (Middle) <u>F.</u> c. (Last) <u>Hensley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1954</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>Dec. 1, 1902</u> | | 9. AGE (In years last birthday) <u>51</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Mins. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Salesman</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |
| 13a. FATHER'S NAME <u>Henry Hensley</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Frances Byrles</u> | | 14. NAME OF HUSBAND OR WIFE <u>Catherine P. Hensley</u> | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500-14-1857</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Hensley</u> ADDRESS <u>420 Beverly Excelsior Springs, Mo.</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, asphyxia, 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> <u>Arteriosclerosis</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>year</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>4-6</u> , 19 <u>54</u> , to <u>5/6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>54</u> , and that death occurred at <u>5:00 p. m.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Reginald P. Roberts, M.D.</u> | | | | 23b. ADDRESS <u>Excelsior Springs, Mo.</u> | | | 23c. DATE SIGNED <u>5/11/54</u> | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>5-6-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>North Kansas City, Mo.</u> | | | | | | |
| DATE REC'D BY LOCAL REG. <u>5/10/54</u> | | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Prichard</u> | | ADDRESS <u>Excelsior Springs, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

APR 22 1956

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 Ralph E Van Landingham

Licensed Embalmer No. 4009

P. O. Address Excelsior Springs

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.