

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28417

Registrar's No. 194

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4370		State File No. 28417	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Page</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clearmont</b>		c. LENGTH OF STAY (In this place) <b>28 mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Coin</b>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallin Nurseing Home</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>			b. (Middle) <b>Hensleigh</b>			c. (Last) <b>Hensleigh</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1954.</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Nov. 8, 1867.</b>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Austin Indiana,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Gamble</b>		13b. MOTHER'S MAIDEN NAME <b>McCullough</b>		14. NAME OF HUSBAND OR WIFE <b>John Harvey Hensleigh</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 (Address) <b>Arnold Christman</b>			
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) <b>Cerebro-vascular hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebro-vascular occlusion with left hemiplegia</b> DUE TO (c) <b>Control hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b> <b>17 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 12, 1953</b> to <b>Aug 8, 1954</b> that I last saw the deceased alive on <b>Aug 4, 1954</b> , and that death occurred at <b>6:20 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Marvin Ford M.D.</b>		23b. ADDRESS <b>200 E. Elm - Mc Coin</b>		23c. DATE SIGNED <b>Aug 12 54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 10, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elm Wood</b>		24d. LOCATION (City, town, or county) (State) <b>Coin Page Iowa</b>	
DATE REC'D BY LOCAL REG. <b>8-14-54</b>		REGISTRAR'S SIGNATURE <b>Lesso Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>G. M. Starnes, College Springs, Iowa</b>			

(Licensed Embalmer'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 \_\_\_\_\_

*Loren Davison* 3148

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Leshie D. Walker*

Licensed Embalmer No. *2156*

P. O. Address *Charmda Iowa*

**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.