No. 300
10.48

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28429

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5873 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton RURAL - JOHNSON
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alton (Johnson)
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle): BELL
c. (Last): HENSLEY

4. DATE OF DEATH (Month) (Day) (Year): 8 7 1954

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8/2/1903
9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months 0 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: T. B. SISK
13b. MOTHER'S MAIDEN NAME: ELIZABETH BREWER
14. NAME OF HUSBAND OR WIFE: PETER Jo HENSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Bud HENSLEY
ADDRESS: ALTON, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac dilatation & hypertrophy
DUE TO (c) Rheumatic heart disease

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:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1953, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 8-4-54, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walpa M.D.
(Degree or title):
23b. ADDRESS: Mammoth Spring, Ark
23c. DATE SIGNED: 8-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/9/1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Mary Springs
24d. LOCATION (City, town, or county) (State): Oregon County, Mo.

DATE REC'D BY LOCAL REG.: 8/14/54
REGISTRAR'S SIGNATURE: Mrs W C Johnson
25. FUNERAL DIRECTOR'S SIGNATURE: John D. Clary
ADDRESS: Alton Mo

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John D. Clary

Licensed Embalmer No. 4465

P. O. Address Box 398, Olathe, 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.