No. 300
10-48

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41729

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 43

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benbow (RoundGrove Twp)
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: Marion
c. CITY OR TOWN: Benbow
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Benbow 0640 0

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): Carl
c. (Last): Hensley

4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1954

5. SEX: M 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 7/16/1915

9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 4, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Durham, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edard True Hensley

13b. MOTHER'S MAIDEN NAME: Mary Ivah Moddrell

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Edward True Hensley — ADDRESS: Ewing, Mo. R2

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) Gunshot wound in head

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

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

064

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-11-1954 7:30 a. 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. O'Donnell Coroner

23b. ADDRESS: Hannibal Mo

23c. DATE SIGNED: 12-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/13/54

24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

24d. LOCATION (City, town, or county) (State): Green City, Missouri

DATE REC'D BY LOCAL REG.: 5/12/54

REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By Viola Geo 149 Deputy

25. FUNERAL DIRECTOR'S SIGNATURE: E. J. Sprague — ADDRESS: Palmyra, Mo.

(Licensed Embalmer's Statement on Reverse Side)

I hereby certify that this is a true and correct copy of the death record of Lloyd Carl Hensley, which is filed in the Marion County Health Office at Palmyra, Mo.

Deputy Registrar and Notary Public

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, xxxxx ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. L. Sprague.....

Licensed Embalmer No...3245..

P. O. Address Palmyra, Mise

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.