

No. 300
 10-48
 071
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

State File No. **7209**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 8000 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Butler</u>	d. Is Residence within limits of a city as incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 N. Fulton</u>		e. STREET ADDRESS (If rural, give location) <u>600 N. Fulton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Brown</u> c. (Last) <u>Hensley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1955</u>		
------------------------------------------------------------------------------------------------------------------------	--	--	-----------------------------------------------------------------------	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-10-1881</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
--------------------------------	--	-----------------------------------------	--	---------------------------------------------------------------------------------	--	----------------------------------------------	--	--------------------------------------------------	--	---------------------------------------------------	--	--------------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dry goods</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Davis Co., Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
--------------------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------	--	--	-------------------------------------------------------------------------------------	--	--	------------------------------------------------------	--	--

13a. FATHER'S NAME <u>Augustus Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Tracey</u>			14. NAME OF HUSBAND OR WIFE <u>Harry Hensley</u>		
----------------------------------------------------	--	--	----------------------------------------------------------	--	--	------------------------------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alta Brown Butler, Mo.</u>			
---------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------	--	-----------------------------------------------------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio Sclerosis</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchey Insufficiency</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>							
-------------------------------	--	--------------------------------------------------------	--	--	--	--	--	--	--

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)		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 May 2, 1950 **to** Mar 23, 1955, **that I last saw the deceased alive on** Mar 23, 1955 **and that death occurred at** 4:15 p.m. **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) <u>Carter W. Lister M.D.</u>			23b. ADDRESS <u>Butler, Mo.</u>			23c. DATE SIGNED <u>3/26/55</u>	
-------------------------------------------------------------------------	--	--	-------------------------------------------	--	--	-------------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>	
-------------------------------------------------------------------	--	--------------------------------------	--	----------------------------------------------------------------------	--	----------------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>26-Mar-55</u>		REGISTRAR'S SIGNATURE <u>Rendell Kerney 17-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver-Underwood Butler, Mo.</u>				
-----------------------------------------------------	--	------------------------------------------------------------	--	--	----------------------------------------------------------------------------------------	--	--	--	--

JULY 2 1958

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.....
Signature of Student Embalmer

Signed *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Bettler, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.