

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13435**  
**3577**

FILED APR 28 1955

|   |  |  |                        |   |  |   |  |   |                          |                                    |  |   |  |                          |  |                         |  |
|---|--|--|------------------------|---|--|---|--|---|--------------------------|------------------------------------|--|---|--|--------------------------|--|-------------------------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>  |                        | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____   |  |   |                          |                                    |  |   |  |                          |  |                         |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution, give location.)<br>a. STATE <b>Missouri</b> |  |   |  | b. COUNTY <b>St. Louis</b>  |                          |                                    |  |   |  |                          |  |                         |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)<br><b>2 days</b>   |                        | c. CITY OR TOWN <b>Pacific</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |                          |                                    |  |   |  |                          |  |                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. John's Hospital</b>   |  |  |                        | e. STREET ADDRESS (If rural, give location)<br><b>Route 2</b>   |  |   |  | <b>03601</b>  |                          |                                    |  |   |  |                          |  |                         |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  |  | a. (First) <b>LENA</b> |   |  | b. (Middle) <b>DUNLAP</b>   |  |   | c. (Last) <b>HENSLEY</b> |                                    |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 19, 1955</b>                   |  |                          |  |                         |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |                        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                              |  | 8. DATE OF BIRTH<br><b>June 7, 1881</b>   |  | 9. AGE (In years last birthday)<br><b>73</b>                                    |                          | IF UNDER 1 YEAR<br>Months          |  | IF UNDER 1 YEAR<br>Days   |  | IF UNDER 1 HRS.<br>Hours |  | IF UNDER 1 HRS.<br>Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  |  |                        | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |  |   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Fulton, Missouri</b>   |                          |                                    |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |                          |  |                         |  |
| 13a. FATHER'S NAME<br><b>Richard C. Dunlap</b>  |  |  |                        | 13b. MOTHER'S MAIDEN NAME<br><b>Susan M. Benny</b>  |  |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Roy Hensley</b>                               |                          |                                    |  |   |  |                          |  |                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>no</b>  |  |  |                        | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  |   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Merritt Hensley, Pacific, Missouri.</b> |                          |                                    |  |   |  |                          |  | ADDRESS                 |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>mesenteric thrombosis - infarction of Bowel</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Arteriosclerosis</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Ⓟ</b> |                        |   |  |   |  |   |                          |                                    |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3-days</b><br><b>years</b>                   |  |                          |  |                         |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |                        |   |  |   |  |   |                          |                                    |  | 20. AUTOPSY?<br>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) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                        |   |  | 21f. HOW DID INJURY OCCUR?<br><b>5702</b>   |  |   |                          |                                    |  |   |  |                          |  |                         |  |
| 22. I hereby certify that I attended the deceased from <b>4-18</b> , 19 <b>55</b> , to <b>4-19</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>4-19</b> , 19 <b>55</b> , and that death occurred at <b>9:10 P</b> m., from the causes and on the date stated above. |  |  |                        |   |  |   |  |   |                          |                                    |  |   |  |                          |  |                         |  |
| 23a. SIGNATURE<br><b>Ann Huggins, M.D.</b>  |  |  |                        |   |  | 23b. ADDRESS<br><b>734 No. Theater Bldg.</b>  |  |   |                          | 23c. DATE SIGNED<br><b>4-21-55</b> |  |   |  |                          |  |                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>April 22, 1955</b>   |                        | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Dunlap Cemetery</b>  |  |   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Fulton, Missouri</b>        |                          |                                    |  |   |  |                          |  |                         |  |
| DATE REC'D BY LOCAL REG.<br><b>APR 21 1955</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, M.D.</b>  |                        |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Shepard Funeral Home, 1167 Hamilton Ave</b>  |  |   |                          | ADDRESS                            |  |   |  |                          |  |                         |  |

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.....  
Signature of Student Embalmer

Signed *Charles R. Sadwell*.....

Licensed Embalmer No. *407*

P. O. Address *H. Linn*

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.