

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19580

19580

BIRTH NO.		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3056		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY PERRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE					
b. CITY (If outside corporate limits, write RURAL and give township) PERRYVILLE		c. LENGTH OF STAY (In this place) 3 WEEKS		c. CITY OR TOWN COLUMBIA MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION PERRYVILLE NURSING HOME				e. STREET ADDRESS (If rural, give location) 109 4th AVE					
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA. b. (Middle) MARIA c. (Last) HENSLEY			4. DATE OF DEATH (Month) (Day) (Year) JUNE 3 1955						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT 19 1879			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GREENE CO MO			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME WILLIAM A ALLEN		13b. MOTHER'S MAIDEN NAME MARY J. CRANE		14. NAME OF HUSBAND OR WIFE ALBERT J. HENSLEY					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Allen Hensley Ste. Genesee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident 1 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis years DUE TO (c) 33ix II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 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 5-24, 1955, to 6-3, 1955, that I last saw the deceased alive on 6-3, 1955, and that death occurred at 3:17 P.M., from the causes and on the date stated above.									
23a. SIGNATURE J. T. Fairclough, M.D. (Degree or title)				23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 6-4-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JUNE 6 1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) COLUMBIA MO			
DATE REC'D BY LOCAL REG. 6-4-55		REGISTRAR'S SIGNATURE J. J. Zeller 250		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rev. Oscar Ste. Genesee Mo					

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvan J. Ehlke*.....

Licensed Embalmer No.

P. O. Address *St. Paul*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.