

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23231**

FILED JUL 19 1955

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY OR TOWN Waynesville	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 Waynesville General Hospital		e. STREET ADDRESS (If rural, give location) 0850	

3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) Harrison c. (Last) Hensley			4. DATE OF DEATH (Month) (Day) (Year) July 13 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 15, 1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and State or Foreign Country) Bellefonte Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John H. Hensley		13b. MOTHER'S MAIDEN NAME Altie Parson		14. NAME OF HUSBAND OR WIFE Lillian Mae Springer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Lillian Mae Springer ADDRESS Waynesville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 0	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart disease		10 yrs.	
		DUE TO (c) Rheumatic Fever.		10 yrs.	
		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 4/6x		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)		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 _____, 19____, to **7-13, 1955**, that I last saw the deceased alive on **7-13, 1955**, and that death occurred at **2:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE Erwin J. Maves, DO 2 (Degree or title)		23b. ADDRESS Waynesville Missouri		23c. DATE SIGNED 7/14/1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/15/1955		24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	
				24d. LOCATION (City, town, or county) (State) Waynesville Missouri	

DATE REC'D BY LOCAL REG. 7-14-55		REGISTRAR'S SIGNATURE Paula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE WELGES FUNERAL HOMES INC ADDRESS Waynesville	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 200
10.48
0550

RECEIVED 7-14-55
Pulaski County Health Officer
File Number
Date Filed 7-16-55

JUL 28 1955

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..... *Clarence Gross*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville*

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.