FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31965

BIRTH NO. 62037-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delta Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): 422 Greer

1003 0

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): DALE
c. (Last): HENSLEY

4. DATE OF DEATH (Month) (Day) (Year): Sept 26, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 24, 1955
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sikeston, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: John Hensley
13b. MOTHER'S MAIDEN NAME: Peggy Foulk
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Hensley, Sikeston, Mo. ADDRESS

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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Premature — 8 mo.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 7635

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 24-Sept, 1955, *to* 26-Sept, 1955, *that I last saw the deceased alive on* 26-Sept, 1955, *and that death occurred at* 10:00 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Throgmorton M.D.
23b. ADDRESS: Sikeston, Mo.
23c. DATE SIGNED: 28-Sept-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-27-55
24c. NAME OF CEMETERY OR CREMATORY: Lightner Cemetery
24d. LOCATION (City, town, or county) (State): Illmo, Missouri

DATE REC'D BY LOCAL REG.: 9-29-55
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429 0
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling hoff Funeral Home
ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 3 1955

DATE RECEIVED

SCOTT CO. HEALTH DEPT.

CO. FILE No. 105-211

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ollie C Amick

Licensed Embalmer No. 4470

Signed.....
Student Embalmer

P. O. Address Illmo, Mo

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

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