

FILED MAY 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13770

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 4251 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIMMSWICK</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>KIMMSWICK</u>		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 <u>AT HOME KIMMSWICK MO</u>			e. STREET ADDRESS (If rural, give location) <u>KIMMSWICK MO</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>A.</u> c. (Last) <u>HENSLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEATH MAY 3 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 1 1870</u>	9. AGE (in years last birthday) <u>86</u>	If UNDER 1 YEAR Months <u>4</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAIL ROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAIL ROAD</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>HARRISONVILLE ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>OWEN HENSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA ST. CLAIR</u>		14. NAME OF HUSBAND OR WIFE <u>MARY HENSLEY (DEC.)</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERBERT HENSLEY KIMMSWICK MO</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Family</u>		
			DUE TO (c) <u>Family</u>		
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			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) <u>Kimmswick Jefferson Mo</u>		
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 <u>1950</u> , 19 <u>50</u> , to <u>5/3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/3</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>A. P. Cecil, M.D.</u> (Degree or title)			23b. ADDRESS <u>Imperial Mo</u>		23c. DATE SIGNED <u>5/4/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KIMMSWICK MO</u>	
DATE REC'D BY LOCAL REG. <u>5/5/1956</u>	REGISTRAR'S SIGNATURE <u>Ruth J. J. J.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 9 1956

MAY 9 1956

9561 6 T NMP

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 *Elmer Meligtag*

Licensed Embalmer No. 357

P. O. Address *Imperial*

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