

FILED JAN 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 44990

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4847		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City,		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Grant City,		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 1730			
3. NAME OF DECEASED (Type or Print) John		b. (Middle) Quincy		c. (Last) Hensley		4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 30, 1875	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Washington Hensley		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Richardson		14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verl Hensley - Grant City, Missouri			
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) Acute Coronary occlusion ANTECEDENT CAUSES Arteriosclerotic Cardiovascular disease with congestive failure chronic Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 4201				20. AUTOPSY? 2 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) (Min.)		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 XXXXXXX found dead in his trailer home, 12-29-56, death probably occurred the day before, 12-29-56, and that death occurred at 11 m., from the causes and on the date stated above.							
23a. SIGNATURE Frank B. Matteson		(Degree or title) Coroner		23b. ADDRESS Grant City, Mo		23c. DATE SIGNED 12-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-31-1956		24c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri	
DATE REC'D BY LOCAL REG. 1-17-57		REGISTRAR'S SIGNATURE John E. Pearson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill A. Dunfee - Grant City, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 *Bill A. Dwyer*

Licensed Embalmer No. *490*

P. O. Address *Grant*

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.