

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8292

STATE FILE NUMBER

FILED APR 1 - 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 264A

Health, Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Aldrich Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Infirmary Length of stay in lb 6Mo. | | d. STREET ADDRESS (If outside, give location) Rural-Union Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First John Middle William Last Hensley | | | 4. DATE OF DEATH March 19, 1957 Month March Day 19 Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 20, 1869 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 |
| 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Bill Hensley | | 14. MOTHER'S MAIDEN NAME Kraft | |
| 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. No | 17. INFORMANT Henry Hensley Bolivar, Mo. Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC HEART DISEASE DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 4200 | | | INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 3-14-57 to 3-19-57 and last saw him alive on 3-19-57 Death occurred at 11:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Wm Pitts</i> (Degree, title) M.D. | 22b. ADDRESS 1715 BOONVILLE SPRINGFIELD MO | 22c. DATE SIGNED 3-23-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 22, 57 | 23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge | 23d. LOCATION (City, town, or county) (State) Polk co. Mo. |
| 24. FUNERAL DIRECTOR Pitts Funeral Home ADDRESS Bolivar, Mo. | 25. DATE RECD. BY LOCAL REG. 3-25-57 | 26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Sidney Pitts*
Licensed Embalmer No. *49*

P. O. Address *Polwin*

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.