

FILED APR 17 1957

STANDARD CERTIFICATE OF DEATH

State File No. ....  
10010

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6294 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural-6294 Greene</u>		c. CITY OR TOWN <u>Grant City</u> <u>113<sup>RD</sup></u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 years</u>		e. STREET ADDRESS (If rural, give location) <u>6miles Sw of Grant City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Grant City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Hensley</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>3</u> <u>26</u> <u>1957</u>
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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>8 26 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George W. Hensley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Belle Maudlin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hera Hensley - Grant City Mo</u>	ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis, generalized, severe</u>		<u>8 years</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Osteoarthritis, severe</u> <u>Prostatic hypertrophy</u>			<u>3yrs</u> <u>8yrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>4500</u>
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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? _____
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22. I hereby certify that I attended the deceased from 19 49, to 3-26-57, 19\_\_\_\_, that I last saw the deceased alive on 3-22-57, 19\_\_\_\_, and that death occurred at 7:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Matteson MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Grant City, Mo</u>	23c. DATE SIGNED <u>3-28-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3 28 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Middlefork Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Redding Iowa</u>
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DATE REC'D BY LOCAL REG. <u>4-11-1957</u>	REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill A. Dunfee - E. City, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

345  
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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. Duffee*.....

Licensed Embalmer No. *0490*

P. O. Address *Grant City*

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.