

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018077
State File No.

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5899 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY OZARK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OZARK	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ELIJAH)		c. LENGTH OF STAY (in this place) township) 66 yrs.	c. CITY OR TOWN ELIJAH,
d. FULL NAME OF HOSPITAL OR INSTITUTION. X		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location) X <u>0770</u>	
a. (First) LULA MAY HENSLEY		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 5-11-57	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2-24-1890
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) THORNFIELD, MISSOURI
13a. FATHER'S NAME PAT HARRIS		13b. MOTHER'S MAIDEN NAME JANE LAWSON	14. NAME OF HUSBAND OR WIFE C. T. HENSLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR ADDRESS C. T. HENSLEY, ELIJAH, MO
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Straining at stool	
DUE TO (c)		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? 2 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>May 4, 1957</u> , to <u>May 10th, 1957</u> , that I last saw the deceased alive on <u>May 10, 1957</u> , and that death occurred at <u>1:20 p.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. J. Hoerman DO		23b. ADDRESS Gainesville, Missouri	23c. DATE SIGNED 5-18-57
24a. BURIAL, CREMATION, REMOVAL (Specify) H	24b. DATE 5-13-57	24c. NAME OF CEMETERY OR CREMATORY ELIJAH	24d. LOCATION (City, town, or county) (State) ELIJAH, MO
DATE REC'D BY LOCAL REG. 5/25/57	REGISTRAR'S SIGNATURE Shava Madan	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS ROBERTSONS, WEST PEAINS, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1957

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 *J. S. Roberts*

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.