No. 300
10.48

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

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20311

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 316

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 20yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 305 So Henderson Street.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 305 So Henderson St

0160

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) A c. (Last) Hensley

4. DATE OF DEATH (Month) (Day) (Year): June, 16.1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct,7.1876

9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller

10b. KIND OF BUSINESS OR INDUSTRY: Flower Mill Oppator

11. BIRTHPLACE (City and State or Foreign Country): Murry Co Tenn.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elias Hensley

13b. MOTHER'S MAIDEN NAME: Lizzie Vaughn

14. NAME OF HUSBAND OR WIFE: Mary Anderson Hensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Mary Hensley Cape Girardeau Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterioschlerosis, generalized. — 15 years.

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

332X

20. AUTOPSY? 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) m.

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* May 1949, *19*___, *to* June 16, *1957*, *that I last saw the deceased alive on* June 16, *19*57, *and that death occurred at* 10:25 PM *from the causes and on the date stated above.*

23. SIGNATURE (Degree or title): Edward D. Campbell M.D.

23b. ADDRESS: Cape Girardeau, Mo.

23c. DATE SIGNED: 6-18-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/19/57

24c. NAME OF CEMETERY OR CREMATORY: Memoral Park Cemt

24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

DATE REC'D BY LOCAL REG.: 6-25-57

REGISTRAR'S SIGNATURE: C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

44-0

AUG 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. L. Hanson

Licensed Embalmer No. 2863

P. O. Address Cape Girarde

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