

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH31915  
STATE FILE NUMBER  
4058  
Registrar's No.

FILED OCT 9 1957

Registration District No. 149 Primary Registration District No. 1007

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6418 WORNALL TERR</b>			Length of stay in 1b <b>31 YEARS</b>		d. STREET ADDRESS (If outside, give location) <b>6418 WORNALL TERR.</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>BESSIE</b> Middle <b>J.</b> Last <b>HENSLEY</b>				4. DATE OF DEATH Month <b>SEPT</b> Day <b>17</b> Year <b>1957</b>								
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>SEPT-4-1880</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Month Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) <b>HISEVILLE, KENTUCKY</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				
13a. FATHER'S NAME <b>JAMES CYRUS SUMMERS</b>				13b. MOTHER'S MAIDEN NAME <b>KATHERINE HUSTON</b>				14. NAME OF HUSBAND OR WIFE <b>WILLIAM R. HENSLEY</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NO NE</b>		17. INFORMANT Address <b>6418 WORNALL TERR. KANSAS CITY, MO.</b> <b>CATHERINE S. HENSLEY</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>										INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Thrombosis</b>										<b>5 days</b>		
DUE TO (c) _____										<b>4201</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <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 <b>Sept 13, 1957</b> to <b>Sept 17, 1957</b> and last saw him alive on <b>Sept 17, 1957</b> Death occurred at <b>1:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.												
21a. SIGNATURE - <b>William F. Sanders, M.D.</b> (Degree or title)						21b. ADDRESS <b>411 Nichols Rd. K.C. Mo</b>			21c. DATE SIGNED <b>Sept 18, 1957</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE <b>SEPT-19-1957</b>		22c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>				22d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		STATE <b>MISSOURI</b>		
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>				ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-19-57</b>		26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>				

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

William F. Sanders

MEDICAL CERTIFICATION - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 Chester K Brown

Licensed Embalmer No. 4931  
P. O. Address Keyno

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.