

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1957

State File No. **35875**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4582**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas C. Ty	c. LENGTH OF STAY (in this place) 12 hrs 30	c. CITY OR TOWN Warrensburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke's Hospital STREET ADDRESS (If rural, give location) 414 E. Culton 05120			

3. NAME OF DECEASED (Type or Print) a. (First) Theresa	b. (Middle) M	c. (Last) Wensley	4. DATE OF DEATH (Month) (Day) (Year) 10 3 57
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH 9-30-57
9. AGE (in years last birthday)	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) WARRENSBURG, MO	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME DONNIE HENSLEY	13b. MOTHER'S MAIDEN NAME AGGIE BELLE CRAIG	14. NAME OF HUSBAND OR WIFE NONE
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. NONE	17. INFORMANT'S SIGNATURE OR NAME DONNIE HENSLEY - WARRENSBURG, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative following Repair of Congenital Tracheo-esophageal Fistula.		INTERVAL BETWEEN ONSET AND DEATH 7502
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. new born - 8 mo premature		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Tracheo-esophageal Fistula	20. AUTOPSY? 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 **10/2**, 19**57**, to **10/3**, 19**57**, that I last saw the deceased alive on **10/3**, 19**57**, and that death occurred at **12:35** a. m., from the causes and on the date stated above.

23a. SIGNATURE Alvin L. Henry, M.D.	(Degree or title) 0	23b. ADDRESS Playa Parkway Bldg	23c. DATE SIGNED 10/3/57
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 4 Oct 57	24c. NAME OF CEMETERY OR CREMATORIUM SUNSET Hill	24d. LOCATION (City, town, or county) (State) WARRENSBURG, MO

DATE REC'D BY LOCAL REG. 10-3-57	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS WARRENSBURG, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Clarke L. Henry

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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

John P. Rodgers

Licensed Embalmer No. 4962

P. O. Address *Warrensburg
Missouri*

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.