

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4091

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		c. CITY OR TOWN Clay Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 E. Emma		d. STREET ADDRESS 7 miles S.E. of Gilliam, Mo.	

3. NAME OF DECEASED (Type or print) First Laura Middle Jane Last Hensick			4. DATE OF DEATH Month Jan. Day 8, Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH July 14, 1866	9. AGE (In years last birthday) 91	10. UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Arrow Rock, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Neff	13b. MOTHER'S MAIDEN NAME Mary Neff	14. NAME OF HUSBAND OR WIFE Jesse Hensick
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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 Address Mrs. S. C. Masterson, Slater, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis	30 years
	DUE TO (c) Essential Hypertension	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9 a.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY Slater, Mo. STATE Mo.
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21. I attended the deceased from July 1937 to Jan. 8, 1958 and last saw her alive on 1-3-58 Death occurred at 9 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE C. A. McBurney, M.D. (Degree or title)	22b. ADDRESS Slater, Mo.	22c. DATE SIGNED 1-8-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Arrow Rock	23d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri
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24. FUNERAL DIRECTOR ADDRESS W. J. Haines, Jr. Slater, Mo.	25. DATE RECD. BY LOCAL REG. 1-10-58	26. REGISTRAR'S SIGNATURE Mrs. E. C. Metz
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Ray F. Hays, Jr.
Licensed Embalmer No. 4630
P. O. Address Slater, Mo.

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.