Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034321
STATE FILE NUMBER

59299-58

FILED SEP 25 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8968

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Lukes Hospital — Length of stay in Hospital or Institution: 32 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2026 E Prairie — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First / Middle / Last: OLIVER DENNIS HENSLEY

4. DATE OF DEATH: Month 8 Day 26 Year 58

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8-26-58

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 12 Min. 50

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: OLIVER D HENSLEY

14. MOTHER'S MAIDEN NAME: LOIS CONNIE PARKS

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: LOIS PARKS HENSLEY Address: 2026 E PRAIRIE St Louis Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Premature delivery — 6 mo gestation
DUE TO (c) Premature Separation of placenta

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs 50 m

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 761.5

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 a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 STATE

21. I attended the deceased from 8-26-58 to 8-26-58 and last saw him alive on
Death occurred at 10:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J Meagher (Degree or title) MD

22b. ADDRESS: 3805 So. Broadway

22c. DATE SIGNED: 28 Aug 58

23a. BURIAL, CREMATION, REMOVAL (Specify): 23b. DATE: 9-30-58

23c. NAME OF CEMETERY OR CREMATORY: Anatomical Board

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Rowland Aker ADDRESS: 404 Manchester

25. DATE RECD. BY LOCAL REG.: SEP 17 '58

26. REGISTRAR'S SIGNATURE: Earle Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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