

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045179
STATE FILE NUMBER

1-57

064
300

FILED DEC 30 1958

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 147

1. PLACE OF DEATH
a. COUNTY Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Polk

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR Bolivar Yes No

c. CITY OR TOWN Bolivar c 8 4-0 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b
HOSPITAL OR INSTITUTION Died in the Home 1yr. Reside on Farm Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Eula Pearl Hensley

4. DATE OF DEATH Month Day Year
Dec. 15, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH March 10, 1895 9. AGE (In years (by birthday)) 65 FUNDER 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Homaking Missouri U.S.A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
Samuel Taylor Rebecca Datheridge Jim Hinsley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
No No No Jim Hinsley Bolivar, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Neurosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis, Hypertension.
DUE TO (c) (Contributory): Virus Pneumonia & non functioning heart blood def.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
331x
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 Month, Day, Year
a.m. p.m.

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 STATE

21. I attended the deceased from Dec. 1, 58 to Dec. 14, 58 and last saw her alive on Dec 14, 58
Death occurred at 9:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
S. Smith M.D. Bolivar Mo. Dec 19 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Burial Dec. 19, 58 Enon Cemetery Polk Co. Mo.

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
Pitts funeral Home - Bolivar, Mo. Dec. 26, 1958 Ralph Gardner

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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AUG 6 1962

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 *Clarence P. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolivar, 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.