

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010624

STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 314 Primary Registration District No. 3060 Registrar's No. 120

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Green	
b. CITY (If outside corporate limits, give TOWNSHIP only) Farlington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Aldrich 0390
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Laura E. Hensloy			4. DATE OF DEATH Month Day Year March 29, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 6, 1884
9. AGE (In years (last birthday)) 73		IF UNDER 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Green County, Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Lonus J. Noff	
13b. MOTHER'S MAIDEN NAME Florence Sewell		14. NAME OF HUSBAND OR WIFE Allio Hensloy	
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 Allio Hensloy Aldrich, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart Disease			INTERVAL BETWEEN ONSET AND DEATH one yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Senility			4200
DUE TO (c) Hypertension + Diabetes mellitus			
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 WORK <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 Feb, 1959 to Mar. 29, 1959 and last saw her alive on Mar. 28, 1959 Death occurred at 3:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Huckstep M.D. (Degree or title)		22b. ADDRESS Farlington, MO	
22c. DATE SIGNED 3/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/30/59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	23d. LOCATION (City, town, or county) (State) Aldrich, Missouri
24. FUNERAL DIRECTOR Fitts Funeral Home Bolivar, Missouri		25. DATE RECD. BY LOCAL REG. Mar. 30, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part II must be only etiologic contributors or stem to the symptoms which are listed.

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 *Bert J. Miller*

Licensed Embalmer No. *3752*

P. O. Address *Farmington, Vt.*

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.