

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018505

State File No.

FILED MAY 25 1959

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5823</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived, if not elsewhere before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural New Madrid</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Bloomfield, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS <u>1030</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Hensley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 59</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7/12/10</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Hours _____		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY -- --		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Pitman Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>Willa Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Hensley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes 2 world war</u>		16. SOCIAL SECURITY NO. <u>293-120 0370</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Hensley, Bloomfield, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found in car with windows up and a garden hose from exhaust into car, cause of death carbon-monoxide</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Suicide.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9731</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>off-highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, New Madrid Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Suicide as above.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 6 59</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>18</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>S. H. Hedgpeth</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>5/6/59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/6/59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/18/59</u>		REGISTRAR'S SIGNATURE <u>S. H. Hedgpeth</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Und. Co. Bloomfield, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1959

NEW MADRID CO. HEALTH CENTER

P. J. J.

MAR 4 1960

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.....
L. H. Hedges

Licensed Embalmer No. *380*
P. O. Address *New Madrid*

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