

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018592
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wardell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS Wardell
3. NAME OF DECEASED (Type or print) First Middle Last Sue Scott Hensley			4. DATE OF DEATH Month Day Year May-11-1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug.-4-1931
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months Days 9 7	IF UNDER 24 HRS. Hours Min. 7
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) Caruthersville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Rollo Scott	
13b. MOTHER'S MAIDEN NAME Mary Culman		14. NAME OF HUSBAND OR WIFE Dr. Hensley	
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. unknown	17. INFORMANT Address Dr. D.R. Hensley Wardell, 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) Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chemia			
DUE TO (c) Chronic Bilateral Pyelonephritis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Stenosis			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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 Oct. 1958 to 5/11/59 and last saw her alive on 5/11/59 Death occurred at 1 PM (Approx.) on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John K. Albrechts MD	
22b. ADDRESS Hayti, Mo.		22c. DATE SIGNED 5/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/13/59	23c. NAME OF CEMETERY OR CREMATORY Little Prairie	23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
24. FUNERAL DIRECTOR La Forge Undrtrkg. Co. ADDRESS 712 W. 3rd Ave. Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. 5/12/59	26. REGISTRAR'S SIGNATURE Valeria Totham

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Spal C Dean*

Licensed Embalmer No. *3941*

P. O. Address *Cantersville*

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.