

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038032

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1102A STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in '1b 44 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1449 N. Marion		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ELMER Middle HENSLEY Last HENSLEY				4. DATE OF DEATH Month November Day 2 Year 1960									
5. SEX Male		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 5/22/1888		9. AGE (last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee, St. Dep't.				10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (City and state or country) Polk County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Fielding Hensley				13b. MOTHER'S MAIDEN NAME Tina Bell Scroggins				14. NAME OF HUSBAND OR WIFE Bessie L. Hensley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes				16. SOCIAL SECURITY NO. 491-05-0035		17. INFORMANT Bessie L. Hensley, Spgfld, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) CVA DUE TO (c) HCVD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 days 3 w/6 unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year											
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 <u>10-30-60</u> to <u>11-2-60</u> and last saw her ^{her} _{him} <u>live</u> on <u>11-2-60</u> Death occurred at <u>12:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Don E. Menchett, M.D.				22b. ADDRESS 1630 N. Jefferson				22c. DATE SIGNED 11/8/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/7/1960		23c. NAME OF CEMETERY OR CREMATORY National Cemetery				23d. LOCATION (City, town, or county) (State) Springfield, Missouri					
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 11-9-60		26. REGISTRAR'S SIGNATURE Effie S. Green							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith Collier

Licensed Embalmer No. 363

P. O. Address Spring

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