

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038704

FILED VS NOV 9 1960 157

Registration District No. Primary Registration District No. 3028 Registrar's No. 216

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 12 yrs.		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 606 Morningside Dr.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 606 Morningside Dr.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle May Last Hensley				4. DATE OF DEATH Month Nov. 1, Year 1960			
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 May 29, 1894	9. AGE (last birthday) 66	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) housewife, pract. nurse			10b. KIND OF BUSINESS OR INDUSTRY housewife, pract. nurse-Sparta, Tenn.		11. BIRTHPLACE (City and state or country) Sparta, Tenn.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Golden			13b. MOTHER'S MAIDEN NAME Sally Townsend		14. NAME OF HUSBAND OR WIFE Harrison A. Hensley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO. 489-34-9131	17. INFORMANT Address Carthage Mrs. Ralph Shipman, 1115 S. Fulton			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion, Coronary Artery DUE TO (b) Coronary artery insufficiency DUE TO (c) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 15 min 4 mo. 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 January 1955 to November 1, 1960 her last saw him alive on November 1, 1960 Death occurred at 3:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George H. Wood M. D.				22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED 11-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 5, '60	23c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery		23d. LOCATION (City, town, or county) Jasper Co. Missouri			
24. FUNERAL DIRECTOR The Ulmer Funeral Home, Carthage, Mo.			25. DATE RECD. BY LOCAL REG. 11-4-60		26. REGISTRAR'S SIGNATURE W. J. Clinton		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 21 1961

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 Melvin Garrett, Student Embalmer No. 600
working under my personal supervision.

Student Melvin Garrett
Signature of Student Embalmer

Signed Edwin S. [Signature]

Licensed Embalmer No. 4950

P. O. Address [Signature]

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