

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001127

FILED VS FEB 6 1961

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 337 STATE FILE NUMBER

AMENDED

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton Mo.</u>		a. STATE <u>Mo</u>		b. COUNTY <u>H. Chair</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hosp.</u>		Length of stay in lb <u>2 day</u>		c. CITY OR TOWN <u>Appleton City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Phyllis Elizabeth Henselmann</u>		4. DATE OF DEATH Month Day Year <u>Jan 25 - 1961</u>		d. STREET ADDRESS (If outside, give location) <u>5 mi. SE. Appleton City</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 3 - 1914</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Days Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Bloomerville Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James L. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Stella Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Henselmann</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Fred Henselmann Appleton City, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>						<u>1 hr 20 min</u>	
DUE TO (b) <u>Post-surgical shock</u>						<u>1 hr 30 min</u>	
DUE TO (c) <u>Para-esophageal hiatus hernia (ruptured)</u>						<u>1 yr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Endogenous obesity</u>						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 Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>1945</u> to <u>JAN 25-61</u> and last saw her alive on <u>JAN 25-1961</u> Death occurred at <u>1:05 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Carroll T. Wetzel M.D.</u>				22b. ADDRESS <u>Clinton Mo</u>		22c. DATE SIGNED <u>1-26-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-27-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ocean E. Ashby Appleton City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>JAN-28-61</u>		26. REGISTRAR'S SIGNATURE <u>Mary Briggs (Dep.)</u>	

MAR 7 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oscar E. Hoff

Licensed Embalmer No. 3942

P. O. Address Appleton City

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.