

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009708

STATE FILE NUMBER

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 22-61

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 22 1961

1. PLACE OF DEATH
 a. COUNTY McDonald
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anderson Length of stay in 1b 3 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2 1/2, Anderson, Mo. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY McDonald
 c. CITY OR TOWN Anderson Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Dwight Middle D. Last Henslee 4. DATE OF DEATH Month March Day 8 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-11-1920 9. AGE (last birthday) 40 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store owner 10b. KIND OF BUSINESS OR INDUSTRY Grocery 11. BIRTHPLACE (City and state or country) Hartsville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Henslee 13b. MOTHER'S MAIDEN NAME E. Tate 14. NAME OF HUSBAND OR WIFE Mary June Henslee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Mrs. M.J. Henslee, Anderson, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Occlusion
 DUE TO (b) Cerebral Thrombosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 2/7/61 to 3/8/61 and last saw her/him alive on 3/8/61
 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. S. Quate, D.O. 22b. ADDRESS Anderson Mo 22c. DATE SIGNED 3/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-11-1961 23c. NAME OF CEMETERY OR CREMATORY Peace Valley Cemetery 23d. LOCATION (City, town, or county) Anderson, Missouri (State) _____

24. FUNERAL DIRECTOR Roller Funeral Home, Anderson, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. March 14, 1961 26. REGISTRAR'S SIGNATURE Mary C. Bradley

MAR 28 1961

MAR 29 1961

APR 18 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 Robert L. Roller

Licensed Embalmer No. 5062

P. O. Address Anderson, Mo.

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.