

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022056

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3089 Registrar's No. 91

AMENDED

FILED JUN 5 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Remount</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Remount</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hoyti</u>		c. CITY OR TOWN <u>Walloid</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Edd</u> Middle <u>Hensley</u> Last		4. DATE OF DEATH Month <u>6</u> Day <u>16</u> Year <u>61</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</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>4-25-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>	11. BIRTHPLACE (City and state or country) <u>Hornesville Mo.</u>
13a. FATHER'S NAME <u>Joe Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Cook</u>	14. NAME OF HUSBAND OR WIFE <u>James Hensley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>James Hensley</u> Address <u>Walloid, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>concomitant occlusion</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>cardiomegaly</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input 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 <u>9</u> Month, Day, Year <u>6-3-61</u>		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>6-3-61</u> to <u>6-16-61</u> and last saw him alive on <u>6-16-61</u>		Death occurred at <u>9</u> <u>am</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Ed Hensley</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Hoyti, Mo.</u>	22c. DATE SIGNED <u>6-19-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-18-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	23d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
24. GENERAL DIRECTOR ADDRESS <u>Berman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-61</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>

**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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address St. Louis, Missouri

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.