

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009619

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 12

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10 60
20 60
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4 0
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12 91-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

FILED FEB 20 1962
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COUNTY Jay

b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirbyville</u>		Length of stay in 1b <u>None</u>	c. CITY OR TOWN <u>Branson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 160</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Branson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ARGUSTUS</u> Last <u>HENSLEY</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>9</u> Year <u>1962</u>		
5. SEX <u>M</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>Oct. 20, 1900</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> Hours <u></u> Min. <u></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>Public Works</u>		11. BIRTHPLACE (City and state or country) <u>Okla</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>James Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ellison</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Hensley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>7 Madama Stone Leeds Spring 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 <u>instant</u>
IMMEDIATE CAUSE (a) <u>Head injuries</u>					
DUE TO (b) <u>car accident</u>					
DUE TO (c) _____					
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 checked="" 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.) <u>Car ran off of road turned over.</u>			
20c. TIME OF INJURY Hour <u>11:30</u> a.m. <u>PM</u> Month, Day, Year <u>2-9-62</u>					
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.) <u>Highway 160</u>		20f. CITY, TOWN, OR LOCATION <u>Kirbyville Jay MO</u>	
21. I attended the deceased from <u>D.O.H.</u> to _____ and last saw her/him alive on _____ Death occurred at <u>11:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Walter Cook Coraw Jay MO</u>			22b. ADDRESS <u>Branson MO</u>		22c. DATE SIGNED <u>2-11-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-13-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Branson MO</u>
24. FUNERAL DIRECTOR <u>Walter Cook Branson MO</u>			25. DATE RECD. BY LOCAL REG. <u>2-14-62</u>		26. REGISTRAR'S SIGNATURE <u>Helew Campbell</u>

MAR 1 1962

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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Bramon, 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.