

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19172

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4246 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montgomery City Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED a. (First) Pitman (Type or Print)		b. (Middle)	
c. (Last) Hensley		4. DATE OF DEATH (Month) (Day) (Year) 1-9-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28 th 1867
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Buell Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas P. Hensley		13b. MOTHER'S MAIDEN NAME Dorcas White	14. NAME OF HUSBAND OR WIFE Willie Wells Hensley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roger Hensley Kansas City Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Insultial Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan-2 , to Jan-9 , 19 51 , that I last saw the deceased alive on Jan-8 , 19 51 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE James C. Helm M.D.		23b. ADDRESS New Florence Mo.	23c. DATE SIGNED 1-11-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-51	24c. NAME OF CEMETERY OR CREMATORY Montgomery City
24d. LOCATION (City, town, or county) (State) Montgomery City Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Hopkins Montgomery City Mo	
DATE REC'D BY LOCAL REG. 1/12/51		REGISTRAR'S SIGNATURE Bernice E. Weyatt	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0700
/

0700

[Handwritten signature]

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 24 1951

RECEIVED

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 on the 9
day of Jan 1951

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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 this body is not embalmed, fact should be so stated above.