S. No. 300
v. 10.48

0830
1

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31432

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-962 Registrar's No. 6-4

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Marshall Twn.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Marshall twn.
d. STREET ADDRESS (If rural, give location): 0830 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hensley
b. (Middle): Jesse
c. (Last): Edward

4. DATE OF DEATH (Month) (Day) (Year): 9-23-54

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 17, 1869
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Camden Point, Mo.
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: John Hensley
13b. MOTHER'S MAIDEN NAME: Cindy Cammeron
14. NAME OF HUSBAND OR WIFE: Mary Ann Sinkhorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Milton Hensley
ADDRESS: Weston, Missouri

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) ~~Carcinoma, lip, mouth & throat~~ — INTERVAL BETWEEN ONSET AND DEATH: ~~3 yrs.~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Began as small lesion on lip — 3 yrs.
DUE TO (c) Actively treated by radium and — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. X Ray over 3 yr. period

19a. DATE OF OPERATION: Radiology
19b. MAJOR FINDINGS OF OPERATION: X Ray & Radiology over 3 yr. period 140 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XXXX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XXXX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Weston Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXXX m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: XXXXXXX

22. *I hereby certify that I attended the deceased from* Sept. 18, *1954*, *to* Sept 23, *1954*, *that I last saw the deceased alive on* Sept 22, *1954*, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis C. Calvert M.D.
23b. ADDRESS: Weston Missouri
23c. DATE SIGNED: 9/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-25-54
24c. NAME OF CEMETERY OR CREMATORY: Camden Point Cemetery
24d. LOCATION (City, town, or county) (State): Camden Point, Missouri

DATE REC'D BY LOCAL REG.: 9-26-54
REGISTRAR'S SIGNATURE: Alphia Rollins, 257-0
25. FUNERAL DIRECTOR'S SIGNATURE: Vaughn Funeral Home
ADDRESS: Weston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1954
RECEIVED
PLATTE COUNTY
HEALTH DEPT
BY

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 .....
Student Embalmer

Signed W. R. Vaugh

Licensed Embalmer No. X023

P. O. Address Weston 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.