

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1958

State File No. 47027
Registrar's No. 9

BIRTH NO. _____		REG. DIST. NO. <u>847</u>		PRIMARY REG. DIST. NO. <u>4508</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salena Mo</u>		c. LENGTH OF STAY in this place <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salena Mo 1040</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Hentley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1957</u>				
5. SEX <u>M X</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 23-1891</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>2</u>		11. DAYS <u>20</u>		12. HOURS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Laboer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Salena Mo. Stone Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Samuel Hentley</u>		13b. MOTHER'S MARDEN NAME <u>Sarah Chic DeForest</u>		14. NAME OF HUSBAND OR WIFE <u>Kernie Hentley - Salena Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-24-4742</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kernie Hentley - Salena Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self chosed Gun But Wund</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Present</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. RECENT SUICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salena Stone Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 13 57 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun-Shot, Suicide</u>					
22. I hereby certify that I attended the deceased from <u>Death</u> , 19 <u>57</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Perdina Murray</u>				23b. ADDRESS <u>Salena Mo</u>		23c. DATE SIGNED <u>17 Dec 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 15 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salena Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salena Mo</u>	
DATE REC'D BY LOCAL REG <u>Dec 19-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. Elmer Brossen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett J. Cheatham</u> ADDRESS <u>901 E. No. Mo</u>			

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

317-0

Perdina Murray (Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Salena 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.