

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19028
Do not use this space.

1. PLACE OF DEATH
 (a) County NEWTON Registration District No. 609
 (b) Township..... Primary Registration District No. 4363 Registered No. 63
 (c) City NEOSHO (d) Street No. SALE-BOWMAN HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WELDON LEROY DENNISTON
 (a) Residence, No. MARCELINE, MO St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DELLA DENNISTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 17 1891

7. AGE YEARS 38 MONTHS 08 DAYS 10 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. LABORER
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) MARCELINE (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME WALTER LEE DENNISTON

14. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME SMITH

16. BIRTHPLACE (CITY OR TOWN) DONT KNOW (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Della Denniston

18. BURIAL, CREMATION, OR REMOVAL PLACE Marceline Mo DATE 5-28 1938

19. FUNERAL DIRECTOR (ADDRESS) The Bishop Mortuary
Neosho Mo

20. FILED 5-28-38 19 Onalaska
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938 to May 27, 1938
 I last saw him alive on May 27, 1938 Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:
Accidental burn caused from gas
oline explosion on Hwy #71 between
Noel and Southwest City, Missouri,
when he was refilling vacuum tank
with gas, some was spilled which
caused an explosion. The burns
were second and third degree of the
feet, entire lower extremities
Other contributory causes of importance:
lower abdomen, right and left arms
and hands.

Name of operation None Date of 18/25
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 4-19, 1938
 Where did injury occur? Between Noel & Southwest City, Missouri (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
On public highway #71
 Manner of injury Explosion
 Nature of injury Gasoline burns

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Onalaska, M. D.
 (Address) Neosho, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. B. Brigham

Licensed Embalmer No. 2689

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Keith Collier

L. E.

No. 3632

or by

Registered Apprentice No.

working under my personal supervision.

Signed J. B. Brigham

Licensed Embalmer No. 2689

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.)