

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24093**

FILED AUG 11 1949

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

| | | | | | | | |
|---|---|--|--|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 209 | | PRIMARY REG. DIST. NO. 3043 | | Registrar's No. 252 | |
| 1. PLACE OF DEATH a. COUNTY Marion | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal | | | c. LENGTH OF STAY (If this place) 5 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal | | | 6-27-49 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 121 So 6th Street | | | | d. STREET ADDRESS (If rural, give location) 121 So 6th Street | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MINNIE | | | b. (Middle) GERTRUDE | | c. (Last) DENNISON | | 4. DATE OF DEATH (Month) (Day) (Year) July 27 1949 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 1, 1896 | | 9. AGE (In years last birthday) 53 | 10. UNDER 1 YEAR Months 1 | 11. UNDER 4 HRS. Days Hours Min. 26 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Marble Hill, Missouri | | 12. CITIZENSHIP OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Benjamin | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME Benjamin D. Dennison ADDRESS 121 So 6th St | | | |
| 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary sclerosis 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 ↓ 20 1 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 March 19 49 , to 27 July 19 49 , that I last saw the deceased alive on 26 July 19 49 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Minnie G. Bell, M.D. | | | | 23b. ADDRESS Hannibal Mo | | 23c. DATE SIGNED July 28/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-29-49 | 24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park | | 24d. LOCATION (City, town, or county) (State) Hannibal, Missouri | | |
| DATE REC'D BY LOCAL REG. 7-30-49 | | REGISTRAR'S SIGNATURE S. E. M. Lucke | | FUNERAL DIRECTOR'S SIGNATURE James O'Donnell | | ADDRESS Hannibal Mo | |

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

H. W. Donnell

Licensed Embalmer No. 3889

P. O. Address _____

Harriet St

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.