No. 300
10.48

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

FILED DEC 27 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

40212
State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1382

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): enroute to hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Faucett
d. STREET ADDRESS (If rural, give location): R.R. #1

**3. NAME OF DECEASED** (Type or Print)
a. (First): Carol
b. (Middle): Sue
c. (Last): Dennis

**4. DATE OF DEATH** (Month) Dec (Day) 9 (Year) 1949

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married
**8. DATE OF BIRTH**: Jan 3, 1948
**9. AGE** (In years last birthday): 1yr 11mo
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): child
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Gower, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Willie Harrison Dennis
**13b. MOTHER'S MAIDEN NAME**: Wilma Jackson
**14. NAME OF HUSBAND OR WIFE**:

**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**: Mrs. W.H. Dennis
ADDRESS: Faucett.

**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) Acute Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cold — 3 days
DUE TO (c) Baby died suddenly without serious illness or disability other than some sniffles and cold — 491X

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I ~~attended~~ viewed the deceased from* on 12/9, 1949 *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: H. F. Mundy M.D. Coroner (Degree or title)
**23b. ADDRESS**: St Joseph Mo
**23c. DATE SIGNED**: 12/10/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec 11, 49
**24c. NAME OF CEMETERY OR CREMATORY**: Odd Fellows Public Cem
**24d. LOCATION** (City, town, or county) St. Joseph (State) Mo.

DATE REC'D BY LOCAL REG.: Dec 21, 1949
REGISTRAR'S SIGNATURE: G. C. Jenkins 382
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Barry Funeral Home St. Joseph, Mo.

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Victor B [illegible]

Licensed Embalmer No. 4212

P. O. Address S T Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.