

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23086**

BIRTH NO. _____		REG. DIST. NO. 74	PRIMARY REG. DIST. NO. 4136	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg 0251		
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 W. Broadway		d. STREET ADDRESS (If rural, give location) 514 W. Broadway		
3. NAME OF DECEASED (Type or Print)		a. (First) John	b. (Middle) Barney	c. (Last) Dennis
4. DATE OF DEATH		(Month) 7	(Day) 24	(Year) 1950
5. SEX 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-28-1896	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Maintenance		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Dennis		13b. MOTHER'S MAIDEN NAME Elizabeth Smith		14. NAME OF HUSBAND OR WIFE Mary Lee Dennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 707-09-7930		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Dennis ADDRESS Plattsburg Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 mo
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		332X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 July 21, 1950 , to July 24, 1950 , that I last saw the deceased alive on July 23, 1950 , and that death occurred at 3:4 m. from the causes and on the date stated above.				
23a. SIGNATURE W. Behalding (Degree or title) MD		23b. ADDRESS Plattsburg Mo		23c. DATE SIGNED July 21-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/26/1950	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Plattsburg, Mo.
DATE REC'D BY LOCAL REG. July 29, 1950		REGISTRAR'S SIGNATURE Elizabeth Seearce 441		25. FUNERAL DIRECTOR'S SIGNATURE H. D. Lyon ADDRESS Plattsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

AUG 24 1950



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

Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Pittsburg, 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.