

FILED NOV 13 1950 STANDARD CERTIFICATE OF DEATH

State File No. 34319

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5916 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give town) Rural OR Cinque Homme TOWN Cinque Homme		c. CITY (If outside corporate limits, write RURAL and give township) Rural OR Cinque Homme TOWN Cinque Homme	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Isam c. (Last) Dennis			4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21 1873	9. AGE (In years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION			11. BIRTHPLACE (State or foreign country) Bollinger Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Dennis		13b. MOTHER'S MAIDEN NAME Allie Meyers		14. NAME OF HUSBAND OR WIFE Emma Dennis	
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. None		17. INFORMANT'S SIGNATURE OR NAME Emma Dennis Biehle	
				ADDRESS Mo. Star R.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis			
		DUE TO (c) Dropsey			
		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 <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) (Min.)		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 Feb 1950 to 9-12, 1950, that I last saw the deceased alive on 5/12, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Bill Wiedeman		(Degree or title) Do		23b. ADDRESS Perryville Mo.		23c. DATE SIGNED 9/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 14 1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Yount Mo.	

DATE REC'D BY LOCAL REG. Sept. 13-1950		REGISTRAR'S SIGNATURE Joe J. Zoller		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville		ADDRESS 170	
--	--	---	--	--	--	-----------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No.

File No.....

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Wallace Young

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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.