

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7037**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **6186** Registrar's No. **14**

060

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

1. PLACE OF DEATH a. COUNTY TANEY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY TANEY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" BEAVER		c. LENGTH OF STAY (in this place) 32 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" BEAVER 1060		d. STREET ADDRESS (If rural, give location) BRADLEYVILLE 0
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMEC					

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANIE c. (Last) DENNIS			4. DATE OF DEATH (Month) (Day) (Year) FEB. 10 1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 5-1873		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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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) DOUGLAS CO., MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS BUTLER		13b. MOTHER'S MAIDEN NAME NANCY WILKIS		14. NAME OF HUSBAND OR WIFE WILLIAM DENNIS	
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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 ADDRESS WILLIAM DENNIS, BRADLEYVILLE, MO.		
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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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic nephritis DUE TO (b) Acute Paroxysmal Tachycardia DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 2 Day ?
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: 592X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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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?		
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE M. C. Gentry M.D. (Degree or title)		23b. ADDRESS Avon, Mo.		23c. DATE SIGNED 2-14-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 13-1952	24c. NAME OF CEMETERY OR CREMATORY PATTERSON CEMETERY TANEY CO., MISSOURI		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 2-21-52	REGISTRAR'S SIGNATURE J. E. Cogswell 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Hearn Harris, Clever, Mo.		
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JUN 2 1968

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.