

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29018

State File No.

FILED AUG 26 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 382

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (in this place) 46 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purcell
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED
(Type or Print)
a. (First) James
b. (Middle) J
c. (Last) Dennis

4. DATE OF DEATH
(Month) (Day) (Year)
August 18 1953

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH
Sept 3, 1890

9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 2 HRS. Hours Min.
62 11 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
Franklin L. Dennis

13b. MOTHER'S MAIDEN NAME
Mary Walker

14. NAME OF HUSBAND OR WIFE
None

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.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Forrest D. Dennis Purcell, Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation
ANTECEDENT CAUSES
DUE TO (b) Myocardial Infarct
DUE TO (c) Myocardial Infarct
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

INTERVAL BETWEEN ONSET AND DEATH
6 days
7 yrs.
2 1/2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16 8 19 53, to Aug 18 19 53, that I last saw the deceased alive on 8/19, 1953, and that death occurred at 8 20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
R. K. Sawyer M.D.

23b. ADDRESS
725 Friar Bldg

23c. DATE SIGNED
8/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
8-20-53

24c. NAME OF CEMETERY OR CREMATORY
Purcell Cemetery

24d. LOCATION (City, town, or county) (State)
Purcell Mo

DATE REC'D BY LOCAL REG.
8-22-53

REGISTRAR'S SIGNATURE
James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Hedge-Lewis Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 24 1953

Jackson County Health Office

County File Number 693

Date Filed Aug 24 1953

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.