

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42625**

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>186</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Trenton</u> <u>0402</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home 1533 Cedar.</u>				d. STREET ADDRESS (If rural, give location) <u>1533 Cedar St.</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROXIE</u> b. (Middle) <u>TRUE</u> c. (Last) <u>DENNIS</u>			4. DATE OF DEATH <u>Dec 30 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 8 1895</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>William P. Frisby</u>			13b. MOTHER'S MAIDEN NAME <u>MARY Kincaid</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Dennis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Dennis</u>				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix (uterus)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
ANTECEDENT CAUSES Morbidity 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.		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) <u>171 X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Dec 30, 1953</u> to <u>Dec 30, 1953</u> , that I last saw the deceased alive on <u>Dec 30, 1953</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. A. Wuffy M.D.</u>			23b. ADDRESS <u>Trenton Mo.</u>			23c. DATE SIGNED <u>Dec 31 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1221-53</u>		REGISTRAR'S SIGNATURE <u>Jane Jan 11 5</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis - Blackman Trenton, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

**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 Jordan Blackmon

Licensed Embalmer No. 4602

P. O. Address Jrenton, 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.