

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27 State File No. **44979**

FILED JAN 11 1954

REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4553** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLEASANT VALLEY TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, KING MTH TWP	
c. LENGTH OF STAY (to this place) 2 yrs		d. STREET ADDRESS (If rural, give location) N.E. of Willow Spgs 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) FLORA		b. (Middle) SHULL	
c. (Last) DENNIS		4. DATE OF DEATH (Month) (Day) (Year) 12-29-53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 7, 1892
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months 3 Days 22	
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 (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Stover		13b. MOTHER'S MAIDEN NAME Mary Jane Hargrave	
14. NAME OF HUSBAND OR WIFE Wm. Dennis (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME E.C. Shull, Mansfield, Mo.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH unknown	
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"/>		1561	
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 Dec 27, 1953 , to Dec 29, 1953 , that I last saw the deceased alive on Dec 27, 1953 , and that death occurred at 12:50 m., from the causes and on the date stated above.			
23a. SIGNATURE E. C. Shull		23b. ADDRESS W. O. ? Mansfield Mo	
23c. DATE SIGNED 12/30/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/31/53	
24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
DATE REC'D BY LOCAL REG. 1-4-54		REGISTRAR'S SIGNATURE [Signature] 379	
25. FUNERAL DIRECTOR'S SIGNATURE J.C. Burns		ADDRESS Willow Springs Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 1-9-59
1-9-59
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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

J.C. Burns

Licensed Embalmer No.

3379

P. O. Address

Willow Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.