No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9331

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 88

592

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 452 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 702 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): David
c. (Last): Dennis

4. DATE OF DEATH (Month) (Day) (Year): Mar 13 54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): No
8. DATE OF BIRTH: Feb. 20-1900
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electric
11. BIRTHPLACE (City and State or Foreign Country): Livingston County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Geo. W. Dennis
13b. MOTHER'S MAIDEN NAME: Cora Andrews
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1st world war Limited Service
16. SOCIAL SECURITY NO.: 490-10-3300
17. INFORMANT'S SIGNATURE OR NAME: Leon Dennis
ADDRESS: Chillicothe 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac arrest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary thrombosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs.

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) m.
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* _____, 1947, *to* _____, 1954, *that I last saw the deceased alive on* 13 Mar., 1954, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles M. Grace, M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: 15 Mar 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-16-54
24c. NAME OF CEMETERY OR CREMATORY: Edgewood
24d. LOCATION (City, town, or county): Chillicothe (State): Mo

DATE REC'D BY LOCAL REG.: 3-15-54
REGISTRAR'S SIGNATURE: Francis B. Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE: E. Beckett
ADDRESS: Chillicothe Mo 3227

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 29 1964

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 E. Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe Me

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.