

No. 300  
10. 48

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17573

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <del>####</del> Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
c. LENGTH OF STAY (In this place) 30 m		0972 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Mem <sup>o</sup> -Hospital		d. STREET ADDRESS (If rural, give location) 715 N. Jefferson	

3. NAME OF DECEASED (Type or Print) Myrtle	a. (First) Myrtle	b. (Middle) Fay	c. (Last) Dennis	4. DATE OF DEATH (Month) (Day) (Year) May 15 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 1 1922	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Days 2	IF UNDER 1 Wks. Hours 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Jamestown, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Wingate	13b. MOTHER'S MAIDEN NAME Cora Wingate	14. NAME OF HUSBAND OR WIFE Ernest 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. 500-20-0242	17. INFORMANT'S SIGNATURE OR NAME Leslie Dennis	ADDRESS Marshall, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage and many fractures		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES Morbid 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. Tire blew out.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 41	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Marshall Saline Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 15 m. 15/5/54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tire blew out

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. L. Lawless, M.D., Coroner Saline	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 5-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/18/54	24c. NAME OF CEMETERY OR CREMATORY Sunset M. Garden	24d. LOCATION (City, town, or county) (State) Marshall, Mo. (State)
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DATE REC'D BY LOCAL REG. 5-18-54	REGISTRAR'S SIGNATURE Sidney T. Gray 385	FUNERAL DIRECTOR'S SIGNATURE J. Leslie Surrency	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

972  
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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 Leslie Swanson

Licensed Embalmer No. 2235

P. O. Address \_\_\_\_\_

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.