

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21811

State File No. 216

FILED JUL 6 1954

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL	
c. LENGTH OF STAY (In this place) 1 1/2 hr.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SULLIVAN COUNTY MEMORIAL			

3. NAME OF DECEASED (Type or Print) a. (First) BEVERLY b. (Middle) ANN c. (Last) HENNESSY			4. DATE OF DEATH (Month) (Day) (Year) 6 21 54		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 2-21-54			9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Milan, Missouri	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Roy Edward Hennessy		13b. MOTHER'S MAIDEN NAME Marrette Abigail Yardley		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Roy Hennessy ADDRESS Milan, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial Pneumonia		DUE TO (b) Malnutrition			24 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Rehydration			3 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Congestive heart failure 6 weeks before death			2 mo
		2 1/2 weeks before death			4 mo

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491 X			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.) Milan Sullivan Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Milan Sullivan Mo		
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 **June 21, 1954** to **June 21, 1954**, that I last saw the deceased alive on **June 21, 1954**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph S. Magill M.D. (Degree or title)		23b. ADDRESS Milan Mo.		23c. DATE SIGNED 6/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-54		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem. Milan	
24d. LOCATION (City, town, or county) (State) Milan Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Dorothy Schorn		ADDRESS Milan, Mo.	
DATE REC'D BY LOCAL REG. June 28, 1954		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320-0			

(Licensed Embalmer's Statement on Reverse Side)

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

1050

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.....

Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Windsor - 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.