

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7286

State File No.

Registrar's No. 275

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 58 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 West Iowa Avenue		e. STREET ADDRESS (If rural, give location) 227 West Iowa Avenue	

3. NAME OF DECEASED (Type or Print)
a. (First) EVERETT b. (Middle) B. HAYES c. (Last) DENNING

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 7, 1955

5. SEX male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 4, 1896

9. AGE (In years last birthday) 58 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) Butcher 10b. KIND OF BUSINESS OR INDUSTRY Meat Packing 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Denning 13b. MOTHER'S MAIDEN NAME Ida King 14. NAME OF HUSBAND OR WIFE Mildred Denning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 487-05-1015 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Denning, 227 West Iowa Ave., St. Joseph, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (b) Hypertension (c) _____

INTERVAL BETWEEN ONSET AND DEATH 2 hour

3 yrs.

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 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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Aug 19 53, to Mar 7, 19 55, that I last saw the deceased alive on Mar 7, 19 55, and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) 23b. ADDRESS St. Joseph, Missouri 23c. DATE SIGNED 3-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Mar 12, 1955 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. March 16, 1955 REGISTRAR'S SIGNATURE 485 Kathleen M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gray Mortuary, 812 Pacific, St. Joseph, Mo.

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

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.....
Signature of Student Embalmer

Signed *Will J. Chaney*.....

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.