

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14395**

FILED MAY 13 1955

BIRTH NO. 27640-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sikeston</b>	c. LENGTH OF STAY (in this place) (township) <b>2 Days</b>	c. CITY OR TOWN <b>Chaffee</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>		STREET ADDRESS (If rural, give location) <b>1001</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Douglas</b>	b. (Middle) <b>Allen</b>	c. (Last) <b>Dennis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 3 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>5-1-1955</b>
9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days <b>2</b>	Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>0</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>0</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sikeston, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles William Dennis</b>	
13b. MOTHER'S MAIDEN NAME <b>Betty Jane Eldridge</b>		14. NAME OF HUSBAND OR WIFE <b>0</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b>	16. SOCIAL SECURITY NO. <b>0</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Charles Dennis, Chaffee, Mo.</b>	

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) <b>Prematurity 6-6 1/2 mo.</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>38 hrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	<b>776 X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 5-1, 1955, to 5-3, 1955, that I last saw the deceased alive on 5-2, 1955, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. S. Urban</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Sikeston, Missouri</b>		23c. DATE SIGNED <b>5-4-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-3-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNION PARK CEM. CHAFFEE</b>	24d. LOCATION (City, town, or county) (State) <b>MO</b>		
DATE REC'D BY LOCAL REG. <b>5-6-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. W. J. Stubbs</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STUBBS' FUNERAL HOME CHAFFEE MO</b>			

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

DATE RECEIVED MAY 9 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 555-99

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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.....  
Signature of Student Embalmer

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.