

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21990**BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4233 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia	
c. LENGTH OF STAY (If this place) 15 yrs.		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Lumintie b. (Middle) Ann c. (Last) Dennison			4. DATE OF DEATH (Month) (Day) (Year) July 25 1955		
5. SEX fem		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb. 23 1875		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days 5 2	
IF UNDER 24 HRS. Hours Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Iron County Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Harbison		13b. MOTHER'S MAIDEN NAME Elizabeth Green		14. NAME OF HUSBAND OR WIFE Charles V. Dennison	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Dennison, 725 E Stanford Springfield Mo.	

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) Arterilolar Nephrosclerosis		DUE TO (b) Disease			years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertensive Cardiovascular			years	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		442x				
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 7/12, 1955, to 7/25, 1955, that I last saw the deceased alive on 7/24, 1955, and that death occurred at 1.55 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin C. Meune, M.D.		23b. ADDRESS 109 N. Main, Ironton		23c. DATE SIGNED 7/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-26-55		24c. NAME OF CEMETERY OR CREMATORY Dennison Cemetery	
24d. LOCATION (City, town, or county) (State) Black, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.		Annell J. White	
DATE REC'D BY LOCAL REG. 8-1-55		REGISTRAR'S SIGNATURE Mrs. Aris Jones		12-8-0	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Arnold White

Licensed Embalmer No. 3012

P. O. Address Quincy, 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.