

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1955

25275

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5113 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Patton Union,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0090	

3. NAME OF DECEASED (Type or Print) Sarah	a. (First) A	b. (Middle)	c. (Last) Dennis.	4. DATE OF DEATH (Month) Aug (Day) 29th (Year) 55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 20th 1863	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR (Month) 11 (Day) 23	IF UNDER 24 HRS. (Hour) _____ (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY House Keeper	11. BIRTHPLACE (State or foreign country) Patton, Mo	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dont	13b. MOTHER'S MAIDEN NAME Know	14. NAME OF HUSBAND OR WIFE Lance,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME E. B. Dennis,	ADDRESS Freericktown
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CardioRenal Vascular DUE TO (c) disease.		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from July 2, 1955, to Aug 29, 1955, that I last saw the deceased alive on Aug 29, 1955, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE John J. Myers D.A. Lutesville Mo.	23b. ADDRESS	23c. DATE SIGNED 8/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-31-55	24c. NAME OF CEMETERY OR CREMATORY Patton,	24d. LOCATION (City, town, or county) (State) Patton Bollinger, Mo
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DATE REC'D BY LOCAL REG. 8-31-55	REGISTRAR'S SIGNATURE Willie Ann Burroughs	25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home,	ADDRESS Lutesville
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No. 300
10.48

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Tutwiler

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.