

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1956

3119 State File No. **865**
REGISTRAR'S No. **4**

BIRTH NO. **1190-56** REG. DIST. NO. **107103** PRIMARY REG. DIST. NO. **5447**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY OR TOWN Arbyrd	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Dunklin County Mo Hospital		e. STREET ADDRESS (If rural, give location) Route #1 0350	

3. NAME OF DECEASED (Type or Print) a. (First) Dennis b. (Middle) Allen c. (Last) McCormick			4. DATE OF DEATH (Month) (Day) (Year) 1 - 29 - 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 1-27-56		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hornersville, Mo	
13a. FATHER'S NAME Louie McCormick			13b. MOTHER'S MAIDEN NAME Pettie Matlock		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Pettie McCormick		ADDRESS Arbyrd Mo
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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, asphyxia, 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) atelectasis		
	ANTECEDENT CAUSES DUE TO (b) prematurity DUE TO (c)		
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 7625	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) (Min)	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 **1/27, 1956** to **1/29, 1956**, that I last saw the deceased alive on **1/29, 1956**, and that death occurred at **12:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R S Palenske M.D. (Degree or title)		23b. ADDRESS Hornersville Mo		23c. DATE SIGNED 2/7/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-1956	24c. NAME OF CEMETERY OR CREMATORY Horners Cemetery	24d. LOCATION (City, town, or county) (State) Hornersville Mo	

DATE REC'D BY LOCAL REG. 2-7-56	REGISTRAR'S SIGNATURE Sue Palenske	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv. Inc.	ADDRESS Cardwell Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-13-56

NO. ... 256-5

STATEMENT BY LICENSED EMBALMER

Was not Embalmed

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 *Edmund L. Brown*

Licensed Embalmer No. *484*

P. O. Address *Senath*

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.