

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21030**

**FILED JUL 10 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5626** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Dove-Township</b> )	c. LENGTH OF STAY (in this place) <b>2 months</b>	c. CITY OR TOWN <b>Lebanon</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 HOSPITAL OR INSTITUTION <b>Long Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Route 4</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>F.</b> c. (Last) <b>Dennis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2 1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 18, 1866</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>90 5 14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cole County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>William Bassett</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah McKinney</b>	14. NAME OF HUSBAND OR WIFE <b>Hardin</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W.F. Jones</b>		ADDRESS <b>Lebanon, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2-3 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Age of patient</b>			
	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 <b>4201</b>		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) <b>Lebanon Missouri</b>
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 **10-15**, 19**48**, to **5-31**, 19**56**, that I last saw the deceased alive on **5-31**, 19**56**, and that death occurred at **4:50** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paula Jenkins MD</b>		23b. ADDRESS <b>Lebanon Mo</b>		23c. DATE SIGNED <b>5 July 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 5, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lebanon Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-5-1956</b>	REGISTRAR'S SIGNATURE <b>Hella L. May</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Holman Funeral Home Lebanon, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

4

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

4240

Laclede County Health Department  
Lebanon — Missouri

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 *Dorsey M. Howe*.....

Licensed Embalmer No. *422*

P. O. Address *Lebanon*

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.