

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18592
State File No. 5040
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>SANGAMON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>AUBURN.</u>	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 <u>FIRMIN DESLOGE</u>		e. STREET ADDRESS (If rural, give location) <u>321 R.R. #1</u> <u>81208</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WM</u>	b. (Middle) <u>LEROY</u>	c. (Last) <u>DENNIS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>MAY 29 1957</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 19 - 1924</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROAD EQUIPMENT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>WM DENNIS</u>	13b. MOTHER'S MAIDEN NAME <u>ELSIE TUNNINGLY</u>	14. NAME OF HUSBAND OR WIFE <u>MARY DENNIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year of date of service) <u>348-18-1330</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Dennis, Auburn, Ill.</u>
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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) <u>1 - Percutaneous - Chest - Operator</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>2 - Dissecting aneurysm of the aorta</u> DUE TO (c) <u>while undergoing operation (Heart) at Firmin Desloge Hosp. on - 5/29/57</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>about - 4:00 A.M.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>accident</u>	
		<u>451X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

21a. ACCIDENT (Specify) <u>SHOOTING</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>18 Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Sangamon</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/29/57</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>See above</u>

22. I hereby certify that I attended the deceased from 1943, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:47 m., from the causes and on the date stated above.

23a. SIGNATURE <u>James W Kelly</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>1200 Clark</u>	23c. DATE SIGNED <u>5-29-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 1 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AUBURN, ILL.</u>	24d. LOCATION (City, town, or county) (State) <u>AUBURN, ILL.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 29 57</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Jewell Auburn, Ill.</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

Corrected Record - Operated for 3 1/2 hours - Sanguine - Central

III, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100

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 *Harry J. Jones*

Licensed Embalmer No. *378*

P. O. Address *Amber*

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.