

Health,  
Welfare  
Public  
Service

300  
-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-22228-4  
STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. 355 Primary Registration District No. 6204 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Unknown</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jacks Fork at Highway 17</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN <u>Mount Airy</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Keith</u> Last <u>Dennie</u>			4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>15</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bethany, Missouri</u>	
13. FATHER'S NAME <u>Ivan Dennie</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Thomas Dennie Mt. Airy, Iowa</u> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>drowning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Learning to swim</u>			
20c. TIME OF INJURY <u>9:30</u> Hour <u>6-11-57</u> Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <u>Jacks Fork River</u>		20f. CITY, TOWN, OR LOCATION <u>5 mi. N. Mt. View, Texas, U.S.</u> COUNTY <u>107</u> STATE	
21. I <u>VIEWED</u> the deceased <u>Jan</u> <u>June 12-57</u> and last saw <u>her</u> <u>him</u> alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James L. Healy (Coroner)</u> (Degree or title)			22b. ADDRESS <u>Cabral, U.S.</u>		22c. DATE SIGNED <u>6-12-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY		23c. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6-12-57</u>		<u>Mt. Airy, Iowa</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-14-57</u>		26. REGISTRAR'S SIGNATURE <u>Anne Roberts</u>	

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 Richard A. Norton, Student Embalmer No. 54 working under my personal supervision.

Student Richard A. Norton  
Signature of Student Embalmer

Signed Joel R. Sunca

Licensed Embalmer No. 432

P. O. Address Mtn. View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.