

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43907**

0310

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4165** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grady	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin	c. LENGTH OF STAY (in this place) 6 Months	c. CITY OR TOWN Trenton	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: Jovinitz's Rest Home		e. STREET ADDRESS (If rural, give location) 1415 Tindall	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) _____ c. (Last) Dennis			4. DATE OF DEATH (Month) (Day) (Year) December 10 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 17 1861		9. AGE (In years last birthday) 96 IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 12 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Joliet Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Dennis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hannah Dennis	
15. WAS DEPOSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lecile Dennis Trenton		

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardia Vasoregular disease DUE TO (c) _____		5 yrs.
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 442x		
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 **Nov 7, 1957**, to **Dec 10, 1957**, that I last saw the deceased alive on **Dec 10, 1957**, and that death occurred at **9P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H.V. Bailey M.D.		23b. ADDRESS Gallatin	23c. DATE SIGNED 12/10/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/1957	24c. NAME OF CEMETERY OR CREMATORY Hersaville Cemetery	24d. LOCATION (City, town, or county) (State) Humphreys Mo

DATE REC'D BY LOCAL REG. 12-18-57	REGISTRAR'S SIGNATURE Virginia Engelbert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.T. Robertson Funeral Home Laredo	
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(Licensed Embalmer's Statement on Reverse Side)

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

81-0

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 *J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo, Tex.*

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.