

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1957

45413

State File No.

BIRTH NO. _____ REG. DIST. NO. 90 PRIMARY REG. DIST. NO. 4442 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u>		c. CITY OR TOWN <u>Higbee Mo</u>	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 <u>At Home.</u>		e. STREET ADDRESS (If rural, give location) <u>0880</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Morris</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Dennis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1957</u>
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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>July 8 1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Dennis</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Dennis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nora Dennis</u>	ADDRESS <u>Higbee Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>3 wks</u> <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia and Anemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowel Obstruction</u> DUE TO (c) <u>Anular Carcinoma of Recto - sigmoid</u>		
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
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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)
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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 12-17, 1957, to 12-21, 1957, that I last saw the deceased alive on 12-21, 1957, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. Brownson M.D.</u>	23b. ADDRESS <u>Higbee Mo</u>	23c. DATE SIGNED <u>12-23-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 23 1957</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Log Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>South West of Higbee (State)</u>
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DATE REC'D BY LOCAL REG. <u>Dec 23-57</u>	REGISTRAR'S SIGNATURE <u>Joe W. Burton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>	ADDRESS <u>Higbee Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *E. W. Truesdell*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow*.....

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.