

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022548
State File No.

FILED JUN 26 1958 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. CITY OR TOWN Macon	
c. LENGTH OF STAY (in this place) 20 yrs.		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 103 Malone			
3. NAME OF DECEASED (Type or Print) a. (First) Seba		b. (Middle) Serona	
c. (Last) Dennis		4. DATE OF DEATH (Month) (Day) (Year) May 30 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28, 1878
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (City and State or Foreign Country) LaPlata, Mo.		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Dennis		13b. MOTHER'S MAIDEN NAME Martha Jane Reed	
14. NAME OF HUSBAND OR WIFE Dessie Dennis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-18-5975		17. INFORMANT'S SIGNATURE OR NAME Dessie Dennis	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Damage		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 Hr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 22 Cal. Pistol		DUE TO (c) Suicide	
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 <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Macon Macon Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lester Hutton Coroner		23b. ADDRESS Macon Mo.	
23c. DATE SIGNED May 31, 58		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 2, 1958		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cem.	
24d. LOCATION (City, town, or county) (State) Atlanta, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton	
25. ADDRESS Macon, Mo.		DATE REC'D BY LOCAL REG. 5/31/58	
REGISTRAR'S SIGNATURE R. C. McNeely		25. ADDRESS Macon, Mo.	

MACON
County File No. 6-51-80
Date Filed 6-25-80

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..... *Charles L. Hutton*

Licensed Embalmer No. 457

P. O. Address *Macon, Ga*

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.