

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035609

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 633

300
1-57
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lacy Lee Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1014 Nooney St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>Zettie</u> Last <u>Dennis</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>26</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 12, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>Pike County, Ill. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Dohrman</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Pres Dennis</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>408-30-5379</u>		17. INFORMANT <u>Mrs. Lorene Mussell, Poplar Bluff, Mo</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>Carcinoma of pancreas with local and general metastases.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 months.</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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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>157X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8/27/58</u> to <u>10/26/58</u> and last saw her/him alive on <u>10/26/58</u> Death occurred at <u>2:35 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John R. Loughhead</u> <u>J.R. Loughhead</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Poplar Bluff, Missouri</u>	
22c. DATE SIGNED <u>10/29/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Hamtown Cemetery</u>	
23c. DATE <u>10-28-1958</u>		23d. LOCATION (City, town, or country) (State) <u>Butler County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Greer Croy & Fitch, Poplar Bluff, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/8/58</u>	
26. REGISTRAR'S SIGNATURE <u>R. Amulet</u>			

RECEIVED
NOV 13 1958
BUTLER CO HEALTH CENTER
FILE No. _____

FILE NO. _____

JAN 28 1959

Statement of _____
for record with appropriate to _____

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 *Wallace N Fitch*

Licensed Embalmer No. *3859*

P. O. Address *Bayview Bluff*

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.