

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017038

STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 59 Primary Registration District No. Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Freeman Okla. ^{Mo}</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME OF INSTITUTION <u>Home of Rep James</u> Length of stay in lb <u>2 mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Okla</u> b. COUNTY <u>Payne</u> c. CITY OR TOWN <u>Cushing Okla.</u> STREET ADDRESS <u>835 S 8</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY ELIZA DENNIS</u>			4. DATE OF DEATH Month Day Year <u>May 20 1959</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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 23 - 1878</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	11. BIRTHPLACE (City and state or country) <u>Unknown</u>
13a. FATHER'S NAME <u>A. J. CLAWSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA CAVIL</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES DENNIS</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Rev. A. Jones</u> Address <u>Freeman Mo</u>
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>Cerebral accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardiac insufficiency</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 yrs</u> <u>10 yrs</u>
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>4221</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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>May 10, 1959</u> to <u>May 20, 1959</u> and last saw her ^{her} alive on <u>May 20, 1959</u> Death occurred at <u>9 AM May 20, 1959</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. G. Feroch</u> (Degree or title) <u>MO.</u>		22b. ADDRESS <u>Harrisonville Mo</u>	
22c. DATE SIGNED <u>5/21/59</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-20-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cushing Okla.</u>	23d. LOCATION (City, town, or county) (State) <u>Cushing Okla.</u>
24. FUNERAL DIRECTOR <u>Geor. E. Myers Cleveland Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-21-1959</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Ray Sebrer</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Geo. E. Myers*

Licensed Embalmer No. *2517*

P. O. Address *Cleveland*

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.