

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

-60-024141

Registration District No. 29 Y Primary Registration District No. 30 56 Registrar's No. 171

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Randolph</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in lb <b>2 days</b>		c. CITY OR TOWN <b>Huntsville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>Mulberry Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			5. AGE (last birthday)	
First <b>Thomas</b>			Middle <b>Samuel</b>			Last <b>Dennis</b>	
Month <b>June</b>			Day <b>19</b>			Year <b>1960</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-5-1878</b>	9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (City and state or country) <b>Randolph Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>	
13a. FATHER'S NAME <b>Wayne Anthony Dennis</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Mildred Osburn</b>			14. NAME OF HUSBAND OR WIFE <b>Ethel Blanche Dennis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Ward Dennis; Huntsville, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Menesteric ##### Artery Thrombosis</b>						<b>21</b>	
DUE TO (b) <b>Cause unknown</b>						<b>h</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
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 <b>June 18th</b> to <b>June 19th</b> and last saw her alive on <b>June 19th 60</b>				Death occurred at <b>June 19th 1960 9am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thos. S. Fleming M.D.</i> <b>Thos. S. Fleming M.D.</b>			22b. ADDRESS <b>Moberly Mo</b>			22c. DATE SIGNED <b>6-22-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6-21-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Clifton Hill Cemetery</b>		23d. LOCATION (City, town, or county) <b>Clifton Hill, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <i>Tom B. Patton</i> <b>Tom B. Patton</b>			ADDRESS <b>Huntsville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>6-21-60</b>	26. REGISTRAR'S SIGNATURE <i>Charles Louie</i> <b>Charles Louie</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 5 - 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville  
Mo

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.