

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21932

State File No. ....

BIRTH NO. .... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Rural Leesville (SSD)</b>		c. CITY OR TOWN <b>Brownington RR # 2</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs</b>		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 <b>RR# 2 Brownington, Mo.</b>		STREET ADDRESS (If rural, give location) <b>Leesville township (5513)</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>David</b>	b. (Middle) <b>Newton</b>	c. (Last) <b>Dennis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 4 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 17 1881</b>	9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.) <b>73</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William E. Dennis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Buchanan</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Dennis</b>
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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'S SIGNATURE OR NAME ADDRESS <b>Margaret Dennis Brownington, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Inanition and Debilitation</b> DUE TO (c) <b>Cerebral Thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Decubitus ulcers</b> <i>332X</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1950, to July 4, 1955, that I last saw the deceased alive on July 4, 1955, and that death occurred at 6 am m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Miss S. West</i>	23b. ADDRESS <b>Clinton, Mo.</b>	23c. DATE SIGNED <b>July 5 '53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 6, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 6 - 55</b>	REGISTRAR'S SIGNATURE <i>Florence Blair</i> <b>422</b>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clinton, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
*J. E. Connelley*

Licensed Embalmer No. *189*  
P. O. Address *Chgo*

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.