

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001346

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 5513 Registrar's No. 9

FILED JAN 9 1967

VS 300  
Rev. 4/59

1 0420  
2 0420  
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4 1  
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7 0  
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12 90-2  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Leesville Township</b>		Length of stay in 1b <b>Years</b>	c. CITY OR TOWN <b>Leesville Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Brownington RFD 2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Brownington RFD 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARGARETTE (NONE) DENNIS</b>			4. DATE OF DEATH Month Day Year <b>January 3, 1967</b>
5. SEX <b>Female</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>3/5/82</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St Clair Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William T. Kratzer</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Young</b>	
14. NAME OF HUSBAND OR WIFE <b>D.N. Dennis</b>		17. INFORMANT Address <b>Belle Lund, Phoenix, Ariz</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>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Paralysis</b> <b>Pulmonary Edema</b> DUE TO (b) <b>Myocardial Insufficiency</b> DUE TO (c) <b>Diabetes Mellitus - Cerebral Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Seconds</b> <b>24 hours</b> <b>4 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Diabetes Mellitus - Cerebral Arteriosclerosis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>1959</b> to <b>1-3-67</b> and last saw her/him alive on <b>1-3-67</b> Death occurred at <b>7<sup>00</sup>am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Clinton L. Glasgow, DO.</b>		22b. ADDRESS <b>Clinton, Mo.</b>	22c. DATE SIGNED <b>1/7/67</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 6, 1967</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	23d. LOCATION (City, town, or county) State <b>Clinton, Missouri</b>
24. FUNERAL DIRECTOR <b>Consalus Clinton, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>JAN. 7, 67</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>

USE BLACK INK OR TYPEWRITER RIBBON

UP DATED 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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained 1-9-66 (MB)