

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13269**

FILED APR 17 1952

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **17**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo	
c. LENGTH OF STAY (In this place) 1 yr		d. STREET ADDRESS (If rural, give location) 750.5 Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview Restorium			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Alice b. (Middle) _____ c. (Last) Dennis			4. DATE OF DEATH (Month) (Day) (Year) April 9 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 7 1875		9. AGE (In years last birthday) 76		10. UNDER 1 YEAR -		11. UNDER 24 HRS. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY at Home			11. BIRTHPLACE (State or foreign country) La Shute Canada			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME James Boyd			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE William Dennis		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Albert M Hammond ADDRESS 750.5 Main St			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 15 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterial Sclerosis						6 to 8 months	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201						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) _____	
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? _____	

22. I hereby certify that I attended the deceased from **Jan 4**, 1952, to **Apr 9**, 1952, that I last saw the deceased alive on **April 1**, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Hooper, M.D. (Degree or title)		23b. ADDRESS Grandview, Mo.		23c. DATE SIGNED April 10-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE April 11 1952		24c. NAME OF CEMETERY OR CREMATORY Butte, Montana		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. 4/10/52		REGISTRAR'S SIGNATURE Dr. Annie G. Hodges		25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home ADDRESS _____	
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APR 15 1952

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
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.