

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20997**
Registrar's No. **5-**

JUN 20 1952

BIRTH NO. _____ REG. DIST. NO. **165** PRIMARY REG. DIST. NO. **5602**

1. PLACE OF DEATH
a. COUNTY **Johnson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Johnson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural, Chilhowee** c. LENGTH OF STAY (in this place) **4 months**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Leeton** **0510**

d. FULL NAME OF HOSPITAL OR INSTITUTION **R.#2 Chilhowee** d. STREET ADDRESS (If rural, give location) **Leeton, Missouri** **0**

3. NAME OF DECEASED
a. (First) **Winfield** b. (Middle) **Scott** c. (Last) **Dennison**

4. DATE OF DEATH (Month) (Day) (Year) **May 23, 1952**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed** **8. DATE OF BIRTH** **June 7, 1857**

9. AGE (in years last birthday) **94** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Retired merchant**

10b. KIND OF BUSINESS OR INDUSTRY **Merchant** **11. BIRTHPLACE** (State or foreign country) **Indiana** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Jacob Dennison** **13b. MOTHER'S MAIDEN NAME** **Eliza Thompson** **14. NAME OF HUSBAND OR WIFE** **Mattie Bell Dennison**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs Clarence Crabtree Chilhowee, Mo.** **ADDRESS**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
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MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Arteriosclerosis**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving DUE TO (b) _____
rise to the above cause (a) stating the underlying cause last.
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** **334X**

20. AUTOPSY? YES NO

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) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **Dec. 15, 1951**, to **5-23**, 1952, that I last saw the deceased alive on **5-23**, 1952, and that death occurred at **2:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. Lee Cooper, M.D.** **23b. ADDRESS** **Warrensburg, Mo.** **23c. DATE SIGNED** _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **5-25-52** **24c. NAME OF CEMETERY OR CREMATORY** **Mineral Creek Cemetery** **24d. LOCATION** (City, town, or county) (State) **Leeton, Missouri**

DATE REC'D BY LOCAL REG. **5-27-52** **REGISTRAR'S SIGNATURE** **Mamie D. Barker** **25. FUNERAL DIRECTOR'S SIGNATURE** **R.R. Brown** **ADDRESS** **Warrensburg, Mo.**

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

