

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42812

State File No.

FILED JAN 8 1953

BIRTH MO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5730 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Drake Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Drake Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>North of Goldsberry Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>M</u>	c. (Last) <u>Dennison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 15 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 11 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William M. Dennison</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jane Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Edith Dennison</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Edith Dennison</u>	ADDRESS <u>Ethel Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>11/15/52</u>	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 Dec 12, 1952 to Dec 15, 1952, that I last saw the deceased alive on Dec 15, 1952 and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold J. ...</u>	23b. ADDRESS <u>La Plata Mo</u>	23c. DATE SIGNED <u>12/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 17 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helton</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>
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DATE RECD BY LOCAL REG. <u>12/30/52</u>	REGISTRAR'S SIGNATURE <u>Daphne ...</u>	194 <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	ADDRESS <u>South Gifford Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 123052
Date Filed 12-30-52

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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 M. A. McCall

Licensed Embalmer No. 2 052

P. O. Address South Gifford 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.