

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21054

State File No.

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY OR TOWN <u>Lutesville #</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>	c. CITY OR TOWN <u>ZALMA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0090</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>			e. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>LELA</u> c. (Last) <u>DENNIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 30 '55</u>		
5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 19, 1868</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Joseph C. Hembry</u>		13b. MOTHER'S MAIDEN NAME <u>Charity Cobb</u>		14. NAME OF HUSBAND OR WIFE <u>McGARNY DENNIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Dennis</u> ADDRESS <u>St. Louis, Mo</u>		
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Viral pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Senile debility</u> DUE TO (c) <u>492X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) (m.) _____	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 <u>Mar 10</u> 19 <u>54</u> to <u>June 30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 20</u> , 19 <u>55</u> , and that death occurred at <u>9:30 P.M.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Eugene C. Prui</u>			23b. ADDRESS <u>Lutesville, Mo</u>		23c. DATE SIGNED <u>July 2, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. mem</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville MO</u>	
DATE REC'D BY LOCAL REG. <u>7-5-55</u>	REGISTRAR'S SIGNATURE <u>Willie Cavanaugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Bond</u> ADDRESS <u>Lutesville Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

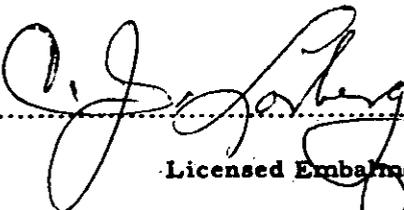
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 .....
Licensed Embalmer No. 381
P. O. Address Cape Girardeau

**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.**