

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28957**

FILED OCT 8¹⁰ - 1955

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **256**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA		c. CITY OR TOWN MT. VERNON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER CANCER HOSPITAL		e. STREET ADDRESS (If rural, give location) GENERAL DELIVERY 0550 1	
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) RAY c. (Last) DENNISON		4. DATE OF DEATH (Month) (Day) (Year) OCT. 4, 1955	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 22 1925
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 2 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JEWELER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SARCOXI, MO.
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME JESSE DENNISON	
13b. MOTHER'S MAIDEN NAME FLORENCE KEE		14. NAME OF MOTHER OR WIFE OLE MAE DENNISON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-20-3124	
17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkin's disease ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) 201X 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) (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 11-22, 1954 , to 10-4, 1955 , that I last saw the deceased alive on 10-4, 1955 , and that death occurred at 8:20 A. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.		23b. ADDRESS Columbia, Mo	
23c. DATE SIGNED 10-4-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-6-1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon	
24d. LOCATION (City, town, or county) (State) Mt. Vernon, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. ...	
25. ADDRESS Columbia		DATE REC'D BY LOCAL REG. Oct 4 1955	
REGISTRAR'S SIGNATURE Mrs R E Palmer		31-0	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 28 1955

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 *Lynman Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbus*

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.