

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

43432

State File No.

FILED JAN 17 1956

BIRTH NO. 24887-55 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 5

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lois</u>	b. (Middle) <u>Joanne</u>	c. (Last) <u>Dennis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 19 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 17 1955</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 YEAR Days <u>23</u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Higbee Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Glen Dennis</u>	13b. MOTHER'S MAIDEN NAME <u>Oleta Adams</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Glen Dennis</u>	ADDRESS <u>Higbee 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Conjunctive Circulatory Failure</u>		<u>24 hrs</u>
	DUE TO (c) <u>Starvation cause unknown</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7720</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 7, 1955, to Dec 9, 1955, that I last saw the deceased alive on Dec 9, 1955, and that death occurred at 4:35 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Per J. Brohmson D.O.</u>	23b. ADDRESS <u>Higbee Mo.</u>	23c. DATE SIGNED <u>1-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 10 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Log Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>South West of Higbee Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 9-56</u>	REGISTRAR'S SIGNATURE <u>Frank E. Lane</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton</u>	ADDRESS <u>Funeral Home Higbee Mo</u>
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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.

NOT EMBALMED

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.