

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044735
STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Higginsville 054
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I604 Main Street		Length of stay in lb II yrs.	d. STREET ADDRESS I604 Main
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Jesse Oliver Dennis			4. DATE OF DEATH Month Day Year Dec. 8 1958			
---	--	--	---	--	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1883	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months 11 Days 10	11. UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	-----------------------------------	---------------------------------------	---------------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Coal Mining	11. BIRTHPLACE (City and state or country) Near Gillam, Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	-------------------------------------

13a. FATHER'S NAME Willaim Dennis	13b. MOTHER'S MAIDEN NAME Clara Duncanson	14. NAME OF HUSBAND OR WIFE Alma Lynch Dennis
--------------------------------------	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-05-9626	17. INFORMANT Mrs. Jesse Dennis	Address Higginsville, Mo.
---	--	------------------------------------	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mins.</u> <u>Years =</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
	DUE TO (c) <u>Pulmonary Emphysema</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4260</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--

21. I attended the deceased from February 9-57 to Dec. 8-58 and last saw her alive on _____
Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. P. Koppensornik, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Higginsville Mo</u>	22c. DATE SIGNED <u>Dec. 15-58</u>
---	-------------------	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Higginsville, Mo.
---	----------------------------	--	--

24. FUNERAL DIRECTOR F. A. Hofer	ADDRESS Higginsville, Mo.	25. DATE RECD. BY LOCAL REG. 12-19-58	26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>
-------------------------------------	------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3050

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 *Ernest R. Hoefler*

Licensed Embalmer No. 4801.....

P. O. Address *Higginsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.