

No. 30
10.48
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FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22291

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur C.	b. (Middle) C.	c. (Last) Denny	4. DATE OF DEATH (Month) (Day) (Year) 6 5 49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 21 1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Samuel Denny	13b. MOTHER'S MAIDEN NAME Ellen Scisim	14. NAME OF HUSBAND OR WIFE Lutie Denny
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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 Lutie Denny	ADDRESS Puxico Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serility		
	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.			794X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (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 6, 1945, to 6-5, 1949, that I last saw the deceased alive on 13, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. Dillings D.O.	(Degree or title) D.O.	23b. ADDRESS Puxico Mo	23c. DATE SIGNED 6/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7	24c. NAME OF CEMETERY OR CREMATORY Puxico	24d. LOCATION (City, town, or county) (State) Puxico Missouri
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DATE REC'D BY LOCAL REG. 6-10-49	REGISTRAR'S SIGNATURE Glorie Morgan	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service Puxico	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED
District Health Office

District File Number 749-

Date Filed JUL 01

NOV 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
Student Embalmer

Signed B. B. Brentlinger

Licensed Embalmer No. 1201

P. O. Address Denver 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.