

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26452

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5297 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt Rural Jackson</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt Rural Jackson</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>DENNY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 11-1874</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>12</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clinton Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry B. Moberly</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Rufus Denny</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Allen Denny Holt 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Periculous Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe Arteriosclerosis</u> DUE TO (c) 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>10 yrs.</u> <u>2908</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Holt Clinton Mo.</u>		
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>Aug 1</u> , 1949, to <u>Aug 13</u> , 1949, that I last saw the deceased alive on <u>Aug 11</u> , 1949, and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Detrus E. Buehler, M.D.</u>			23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>Aug 15, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Converse Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Converse Clinton Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 15-49</u>	REGISTRAR'S SIGNATURE <u>Emmie Chastain</u>		386	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leonard Fry Kearney Mo</u>	

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



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 Leonard Fry

Licensed Embalmer No. 11677

P. O. Address Kearney 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.