

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29455

State File No. _____

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>Callaway's</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FARMINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON</u>	
c. LENGTH OF STAY (in this place) <u>Since 3-27-34</u>		d. STREET ADDRESS (If rural, give location) <u>State Hosp. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u>		d. STREET ADDRESS (If rural, give location) <u>State Hosp. # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dick</u> b. (Middle) <u>Denney</u> c. (Last) <u>Denney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 6 - 1906</u>
9. AGE (In years last birthday) <u>43</u> Months <u>0</u> Days <u>27</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Iron County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jack Denney</u>	
13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp. records</u>		ADDRESS <u>FULTON, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Appendicitis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Appendicitis</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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. <u>Peritonitis + Status Epilepticus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8-22-49</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no op</u>	
20. AUTOPSY? YES <input 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 <u>8-20</u> , 19 <u>49</u> , to <u>9-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-3</u> , 19 <u>49</u> , and that death occurred at <u>4:25</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>P. S. Tate</u>		23b. ADDRESS <u>State Hosp. # 1 - Fulton, Mo.</u>	
23c. DATE SIGNED <u>Sept 3, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VIBURNUM CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>VIBURNUM, MO.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Halbert</u>	
DATE REC'D BY LOCAL REG <u>Sept 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	
ADDRESS <u>STEELEVILLE MO.</u>		ADDRESS <u>STEELEVILLE MO.</u>	

RECEIVED SEP 13 1949
District Health Officer No. 9,
District File Number.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Thomas S. Gilbert

Signed.....
Student Embalmer

Licensed Embalmer No. *4332*

P. O. Address *Stittville, 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.