

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32456

State File No.

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6259 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Webster</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fordland Rt. 2</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fordland Rt. 2</u>		1120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fordland, Rt. 2</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Fordland Rt. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Alma</u> c. (Last) <u>Denney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 7, 1874</u>	9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drainfarmer</u>	11. BIRTHPLACE (State or foreign country) <u>Webster Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Farrow Denney</u>		13b. MOTHER'S MAIDEN NAME <u>Lark Lea</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Denney</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellis Denney - Fordland Rt. 2</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) <u>Hypertension</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arterio-Sclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operations.</u>			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)		
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?		
22. I hereby certify that I attended the deceased from <u>June 15, 1948</u> , to <u>July 20, 1950</u> , that I last saw the deceased alive on <u>July 19, 1950</u> , and that death occurred at _____ m. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. R. Schultz M.D.</u>		23b. ADDRESS <u>Fordland Mo</u>		23c. DATE SIGNED <u>8/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Fordland Rt. 2 Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-13-50</u>	REGISTRAR'S SIGNATURE <u>Lester W. Good</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley - Farrell - Baymon, Fordland Mo</u>		

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

1120

DIVISION OF HEALTH OF MO.

District No. Springfield

RECEIVED SEP 18 1950

Dist. File 950-1905

Date Filed 9-18-50

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 H. K. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland, 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.