

STANDARD CERTIFICATE OF DEATH

8920

EV. 10.48

State File No.

FILED APR 8 1952

BIRTH NO.		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellington</u>			c. LENGTH OF STAY (In this place) <u>8 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellington</u>		d. STREET ADDRESS (If rural, give location) <u>1 blk. south on 131 H.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Rest Home</u>				4. DATE OF DEATH <u>March 12, 1952</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth Francis</u>			a. (First)	b. (Middle)	c. (Last) <u>Denton</u>	4. DATE OF DEATH <u>March 12, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 24, 1870</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Warrington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>George A. Denton</u>			
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>George A. Denton, J.R. Wellington, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, 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>Arterio-sclerotic Heart disease</u> <u>Years</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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Nov</u> , 19 <u>51</u> , to <u>March 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 10</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. P. Appenbain</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Higginville, Missouri</u>		23c. DATE SIGNED <u>3/14/1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/14/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellington City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>3/14/1952</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		453	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Shupp</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

J. Blair Shepard

Signed.....
Student Embalmer

Licensed Embalmer No. *4177*

P. O. Address *Wellington, N.C.*

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.

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