

S. No. 3007  
V. 10.48

ED JUL 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25310

BIRTH NO.		REG. DIST. NO. 275	PRIMARY REG. DIST. NO. 3053	Registrar's No. 139	
1. PLACE OF DEATH a. COUNTY Phelps 0817		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY RENOIDS			
b. CITY OR TOWN Rolla		c. LENGTH OF STAY (in this place) 34 hr.		c. CITY OR TOWN Corridon 0909	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED a. (First) William Isaac Denmore (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) 7-8-1952		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1975 12-16-1974	9. AGE (In years last birthday) 76 77 6 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILL. 1	
12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Rubin Denmore		13b. MOTHER'S MAIDEN NAME Mary Jones		14. NAME OF HUSBAND OR WIFE Ida Polk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eileen Malone ROLLA, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Indurated Gall Bladder DUE TO (c) Cholelithiasis with cholelithiasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 7/8/52	19b. MAJOR FINDINGS OF OPERATION Generalized Peritonitis due to perforated gall bladder			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 584x		
22. I hereby certify that I attended the deceased from 7/7 1952, to 7/8 1952, that I last saw the deceased alive on 7/8 1952, and that death occurred at 4:00 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Eileen Malone		23b. ADDRESS Rolla, Mo		23c. DATE SIGNED 7/8/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 7-11-52	24c. NAME OF CEMETERY OR CREMATORY VOLLMAR	24d. LOCATION (City, town, or county) (State) TEXAS CO MO		
DATE REC'D BY LOCAL REG. July 8, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll 380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Zell Rolla, Mo.			

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

County File Number \_\_\_\_\_  
Date Filed 7-15-52

RECEIVED  
AUG 5 1952

AUG 29 1952

JUL 30 1952

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.....  
Student Embalmer

Signed..... *Paul E. Quill*

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 25310

State of MISSOURI }  
County of TEXAS } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. ....

On this 23 day of AUGUST, 1952, before me appears MRS. WILLIAM DENSMORE, who, upon HER oath, states that the original record of ~~birth~~ death for WILLIAM ISAC DENSMORE <sup>died</sup> JULY 8 <sup>born</sup> 1952, in the State of Missouri, and which was filed at ROLLA MO. on JULY 8, 1952, should be corrected as follows:

Item No. 8 should read 12-16-1875

Instead of 12-16-1874

Item No. .... should read 76

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

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Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Mrs. William Densmore

Relationship Wife

Carroll Ave.  
Present Address.

Subscribed and sworn to before me this 23 day of August, 1952

My Commission expires 3-30-1954  
Oren E. Sutterfield Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

