

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27093

State File No. ....

No. 300  
10. 48

AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5073		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Barton 0060				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Northfork		c. LENGTH OF STAY (In this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Northfork		d. STREET ADDRESS (If rural, give location) 9 miles northwest of Jasper	
3. NAME OF DECEASED a. (First) Luella b. (Middle) Ryan c. (Last) Denniston				4. DATE OF DEATH August 13, 1952 (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 27, 1867	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Kentucky	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY own home		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Ryan			13b. MOTHER'S MAIDEN NAME Mary Easley			14. NAME OF HUSBAND OR WIFE Silas Denniston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Silas Denniston, Jasper, Mo. R#3		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease  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. Umbilical Hernia					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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) (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>at death</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>8-13</u> , 19 <u>52</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.A. Knott M.D.				23b. ADDRESS Jasper, Mo.		23c. DATE SIGNED 8-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Waters Cemetery		24d. LOCATION (City, town, or county) (State) Barton County, Mo.		
DATE REC'D BY LOCAL REG. AUG 18 1952		REGISTRAR'S SIGNATURE Marie Knautzen 14-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shapp and Selvey, Jasper, Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Ransom L. Sharp*

Student Embalmer No. 345

working under my personal supervision.

Student *Ransom L. Sharp*  
Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

P. O. Address *Lockwood, 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.