

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27499

State File No.

FILED SEP 6 - 1952

BIRTH NO.

REG. DIST. NO. 72

PRIMARY REG. DIST. NO. 4134

Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town) Smithville	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Smithville	0240
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Alvis	c. (Last) Denney	4. DATE OF DEATH (Month) (Day) (Year) August 27, 1952
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1881
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 17	IF UNDER 1 HR. Hours 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William S. Denney	13b. MOTHER'S MAIDEN NAME Louella Jennings	14. NAME OF HUSBAND OR WIFE Mattie Wilson Denney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. A. Denney Smithville, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES 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.		MEDICAL CERTIFICATION (a) Carcimoma of colon with metastases Arteriosclerosis general
18. CAUSE OF DEATH Interval between ONSET AND DEATH 1 year	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	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) 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 Jul 7, 1952 , to Aug 27, 1952 , that I last saw the deceased alive on Aug 27 1952 , and that death occurred at 6:35P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS Smithville, Missouri	23c. DATE SIGNED 8-28-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-29-52	24c. NAME OF CEMETERY OR CREMATORY Ridgeley Cemetery	24d. LOCATION (City, town, or county) (State) Platte County Missouri
DATE REC'D BY LOCAL REG. 8-29-1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComas Funeral Home Smithville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 10 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Donald W. Hanks.....

Licensed Embalmer No. 4528.....

P. O. Address Smithville, Missouri.....

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.