

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38377**

No. 300  
10-48

NOV 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 1030

395

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twsp</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twsp</u> <u>0390</u>		d. STREET ADDRESS (If rural, give location) <u>1421 Whiteside, Springfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1421 Whiteside, Springfield</u>			d. STREET ADDRESS (If rural, give location) <u>1421 Whiteside, Springfield</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMERICA</u>		b. (Middle) <u>A.</u>	c. (Last) <u>DENNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 19 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>July 13, 1875</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months   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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jessie Beavers</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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>Mrs Arles Broyles, Springfield, Mo.</u>			
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) <u>CARDIO RENAL VASCULAR DISEASE NOT KNOWN</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>NOT KNOWN</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442 X</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)	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>5-19</u> , <u>1952</u> , to <u>11-19</u> , <u>1952</u> , that I last saw the deceased alive on <u>11-18</u> , <u>1952</u> , and that death occurred at <u>11:40Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Max Kett</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1711 Boonville Springfield Mo</u>		23c. DATE SIGNED <u>11-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>11-20-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeizer, Springfield, Mo</u>		

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eric B. Skene*

Licensed Embalmer No. 4939

P. O. Address Springfield, 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.