

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14833

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5761 Registrar's No. 14

| | | | |
|---|--------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Bloomfield | | c. CITY OR TOWN New Bloomfield | |
| c. LENGTH OF STAY (in this place) 25 1/2 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 0140 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELLEN c. (Last) DENNY | | | 4. DATE OF DEATH (Month) (Day) (Year) May 27 53 |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 10 - 1884 |
| 9. AGE (In years last birthday) 70 | | 10. MONTHS 10 | 11. DAYS 7 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTH PLACE (City and State or Foreign Country) Tatham MO |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME David Hader | |
| 13b. MOTHER'S MAIDEN NAME POLKMAN Alice | | 14. NAME OF HUSBAND OR WIFE Charles DENNY | |
| 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. NO | |
| 17. INFORMANT'S SIGNATURE OR NAME R. J. Roth | | ADDRESS 4405 Fairmount Road, Callaway 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | -- MEDICAL CERTIFICATION -- I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver 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. 156 0 | |
| 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) 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 May 1, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE E. Mearns M.D. | | 23b. ADDRESS New Bloomfield MO | |
| 23c. DATE SIGNED 5/28 1955 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 5/29/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Spring Garden Cemetery | | 24d. LOCATION (City, town, or county) (State) Eugene MO | |
| DATE REC'D BY LOCAL REG. 5/27/53 | | REGISTRAR'S SIGNATURE LeRoy Claypool 39 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Salt-Claypool | | ADDRESS N.B. MO | |

(Licensed Embalmer's Statement on Reverse Side)

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

2861 2 NNS

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 Signature of Student Embalmer

Signed *Leroy Clayton* Licensed Embalmer No. 141

P. O. Address *New Bloom*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.