

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8847

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>58</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>1836 Bolser</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>				04102 0					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>Denison</u> c. (Last) <u>Denison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1956</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>MAY 13, 1945</u>			
9. AGE (In years last birthday) <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MIAMI FLORIDA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Eldon DENNISON</u>		13b. MOTHER'S MAIDEN NAME <u>MINA BRYANT</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eldon DENISON TRENTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</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>2 1/2 Hours</u>	
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) <u>260x</u>					
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 <u>March 28th, 1956</u> , to <u>March 28th, 1956</u> , that I last saw the deceased alive on <u>March 28</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Oliver F. Duffy, M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo. March 30th 1956</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Missouri</u>			
DATE REC'D BY LOCAL REG <u>3-30-56</u>		REGISTRAR'S SIGNATURE <u>Gene Fain</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAVIS - BLACKMORE Trenton, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.4815
0 4. O.F. Duffy -

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 *Harold Roberts*

Licensed Embalmer No. *4920*

P. O. Address *Leicester, ms*

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.