

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024852
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 5187 Registrar's No. 392

FILED JUL 16 1958

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Hubble TownShip		c. CITY OR TOWN Near Gordonville	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Mi. W. Gordonville		d. STREET ADDRESS Mi. W. Gordonville	

3. NAME OF DECEASED (Type or print) George Henry Deneke			4. DATE OF DEATH July 3 1958		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5 Days 3 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME Charles Deneke			14. MOTHER'S MAIDEN NAME Minnie Bohnsack		
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. 496-40-0285		17. INFORMANT Ollen Deneke Jackson Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) high blood pressure DUE TO (c) hardening of arteries.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Delta Mo	COUNTY _____ STATE Mo
21. I attended the deceased from June 1954 , to July 3 1958 and last saw her alive on July 4 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm Deneke MD		22b. ADDRESS Delta Mo	22c. DATE SIGNED July 8 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6 1958	23c. NAME OF CEMETERY OR CREMATORY Zion Methodist	23d. LOCATION (City, town, or county) (State) 2, Mi. W. Gordonville Mo.
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24. FUNERAL DIRECTOR Deneke-Daird Jackson Mo.	25. DATE RECD. BY LOCAL REG. July 10 1958	26. REGISTRAR'S SIGNATURE Mr. Homer E. Cooper
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 60 1 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 24 1958

AUG 29 1958

SA JUN 20 1958

SA JUN 21 1958

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 *R. O. Laird* _____

Licensed Embalmer No. 45

P. O. Address *Jackson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.