Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038907
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Centralia — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Campbell House — Length of stay in Ib 15 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Boone
c. CITY OR TOWN Centralia — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 117 South Hickman — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Samuel Middle: Jacob Last: Denton

4. DATE OF DEATH Month: Dec Day: 2 Year: 1958

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 3, 1871
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 1 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (City and state or country) Montgomery County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Denton
13b. MOTHER'S MAIDEN NAME Mary A. Vance
14. NAME OF HUSBAND OR WIFE Lizzie Denton

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 Mrs. Lizzie Denton Address Centralia, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocarditis	12 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	24 months
DUE TO (c)	Anemia	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senesoence 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 22, 1947, to Dec. 2, 1958 and last saw him alive on December 22, 1958
Death occurred at December 2, 1958 at 3:25 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Lachance, M.D.
22b. ADDRESS 110 W. Sneed, Centralia, Mo.
22c. DATE SIGNED 12/3/58

All diseases in Part I must be causally related.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/4/58
23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery
23d. LOCATION (City, town, or county) (State) Centrailia, Missouri

24. FUNERAL DIRECTOR Bill J. Meeker ADDRESS Centralia
25. DATE RECD. BY LOCAL REG. Dec 4 - 1958
26. REGISTRAR'S SIGNATURE Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

DEC 14 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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Mass

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.