Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000232

STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY: Boone	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Centralia — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Centralia 0100 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Campbell House — Length of stay in 1b: 28 mo's	d. STREET ADDRESS (If outside, give location): East Sims — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Lizzie Middle: Last: Denton	4. DATE OF DEATH Month: Jan Day: 16 Year: '59		
5. SEX: Female 1	6. COLOR OR RACE: Caucasian	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: Oct. 2,1869
9. AGE (In years last birthday): 89	IF UNDER 1 YEAR Months: 3 Days: 14	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Boone County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Charles B.Potts	13b. MOTHER'S MAIDEN NAME: Louvinia Allen	14. NAME OF HUSBAND OR WIFE: S.J.Denton,Deceased	
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.: No	17. INFORMANT Address: Mrs. J.C.Denton, Centralia,Mo.	

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)	Chronic myocarditis, discovered 27 Nov. 1958	7 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis, disc. 27 Nov. '58	7 weeks
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arthritis, hypertrophic, discovered 13 Nov. 1958 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 10/27/58, to 16 Jan. '59 and last saw her/him alive on 1/15/59

Death occurred at 10:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leopold Lachance, M.D. Leopold Lachance, M. D.	22b. ADDRESS: Centralia, Missouri	22c. DATE SIGNED: 1-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Jan. 18, '59	23c. NAME OF CEMETERY OR CREMATORY: Centralia
23d. LOCATION (City, town, or county) (State): Centralia, Mo.		
24. FUNERAL DIRECTOR: Bill J. Meador ADDRESS: Centralia Missouri	25. DATE RECD. BY LOCAL REG.: Jan. 18-1959	26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

STATEMENT BY LICENSED EMBALMER

JAN 22 1

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. Meadors

Licensed Embalmer No. 4876

P. O. Address Centralia, Miss

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.