

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000875
State File No.

FILED FEB 4 1959

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 4005	
b. CITY (If outside corporate limits, write RURAL and give township) Pacific Mo		c. CITY (If outside corporate limits, write RURAL and give township) Rich Hill 17 Mo	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) 1716 Beulah Pl	
d. FULL NAME OF HOSPITAL OR INSTITUTION Corbett Nursing Home			

3. NAME OF DECEASED (Type or Print) Roy	a. (First)	b. (Middle) J	c. (Last) DENNY	4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1959
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5. SEX Mo	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov 20 - 1875	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 10	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager	10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (State or foreign country) St Louis City Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Samuel J Denny	13b. MOTHER'S MAIDEN NAME Elizabeth Hardin	14. NAME OF HUSBAND OR WIFE Mary F Denny
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No Now	16. SOCIAL SECURITY NO. 488-01-7482A	17. INFORMANT'S SIGNATURE OR NAME Mrs Denny	ADDRESS 1716 Beulah Pl Rich Hill
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis		2 wks
	DUE TO (c) No		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Goner enlarged astherosclerosis?			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/30, 1956, to Jan 30, 1959, that I last saw the deceased alive on Jan 30, 1959, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE Denny M.P.	(Degree or title)	23b. ADDRESS Pacific Mo.	23c. DATE SIGNED 1-30-59
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 2-1959	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St Louis City Mo
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DATE REC'D BY LOCAL REG. Feb. 1-1959	REGISTRAR'S SIGNATURE Mary B. Gross	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Bockemper	ADDRESS 636 Clayton Rd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Elmer R. Gadow

Licensed Embalmer No. 24027

P. O. Address St. Louis

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.