

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008351
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 23

MAR 30 1959

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Thomasville 0750
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial		Length of stay in lb 4 hours	d. STREET ADDRESS (If outside, give location) None

3. NAME OF DECEASED (Type or print) First JIM Middle DENTON Last DENTON			4. DATE OF DEATH Month March Day 27 Year 1959		
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 Feb. 8, 1936	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building Constr.	11. BIRTHPLACE (City and state or country) Thomasville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Owen F. Denton		13b. MOTHER'S MAIDEN NAME Virginia Rowe		14. NAME OF HUSBAND OR WIFE Marjorie Denton	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean	16. SOCIAL SECURITY NO. 560-42-8208	17. INFORMANT Mrs. Marjorie Denton, Arlington, Ia.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, secondary to Pain + Trauma		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Probable Internal Injuries	
	DUE TO (c) Possible Brain Injury	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Multiple Fractures (Left tibia, Left Humerus, Ribs) - Ruptured Kidney

20a. ACCIDENT <input checked="" 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.) Auto accident west of Lamar, Missouri	
20c. TIME OF INJURY approx 2:00 AM 3-27-59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) see 20 b above	20f. CITY, TOWN, OR LOCATION New Lamar - Barton - Missouri	COUNTY 006	STATE
21. I attended the deceased from 3-27-59 to 3-27-59 and last saw him alive on 3-27-59 Death occurred at 6:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Thomson Carroll	(Degree or title) M.D.	22b. ADDRESS 1204 Gulf St - Jones, Mo.	22c. DATE SIGNED 3-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/29/59	23c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery	23d. LOCATION (City, town, or county) (State) Thomasville Oregon Me.
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24. FUNERAL DIRECTOR John D. Day	ADDRESS after no	25. DATE RECD. BY LOCAL REG. March 27, 1959	26. REGISTRAR'S SIGNATURE Marie Konantz
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 9 1959

APR 11 1959

APR 11 1959

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 *Chambers, Chile*

Licensed Embalmer No. *3472*

P. O. Address *Sanat SMO*

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.