

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016793

STATE FILE NUMBER 541

FILED MAY 25 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 541

300
1-57

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Richmond	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2		d. STREET ADDRESS (If outside, give location) 149 Ralph St.,	
Length of stay in lb 4 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle R. Last DENTON			4. DATE OF DEATH Month May Day 20 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours 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) Knoxville, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Davis Rice Denton		13b. MOTHER'S MAIDEN NAME Mary Slaughter		14. NAME OF HUSBAND OR WIFE Josephine Woods Denton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Records, State Hosp. #2, St. Joseph, 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) Arteriosclerotic Heart Disease, Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Interstitial Pneumonitis			2 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) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 4200		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from **May 12, 1959** to **May 20, 1959** and last saw ^{him} alive on **May 20, 1959**
Death occurred at **8:15** P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Mohammed Tahir M.D.</i>	22b. ADDRESS St. Joseph, Missouri	22c. DATE SIGNED May 21, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE May 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Thurman Funeral Home	23d. LOCATION (City, town, or county) (State) Richmond, Missouri
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24. FUNERAL DIRECTOR <i>Resnickoff-Herman</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. May 22, 1959	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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All diseases in Part I must be causally related.
 Dr. Mohammed Tahir
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 
Licensed Embalmer No. 4679
P. O. Address St. Joseph, Mo.

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.