

Health,
welfare
public
service

XC 767163
SL 20206

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022826

STATE FILING NUMBER
Registration District No. 2 5665

FILED JUL 3 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN AFFTON 4860
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Length of stay in 1b 38 1/2 HOURS	d. STREET ADDRESS (If outside, give location) 9512 BRENDA
			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES M DENTON			4. DATE OF DEATH Month Day Year JUNE 13 1959		
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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 2/12/95	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days 4 1	IF UNDER 24 HRS Hours Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Serviceman	10b. KIND OF BUSINESS OR INDUSTRY Oilburner	11. BIRTHPLACE (City and state or country, BISMARCK, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN DENTON	13b. MOTHER'S MAIDEN NAME ELIZABETH Beard	14. NAME OF HUSBAND OR WIFE DORIS DENTON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> ; unknown) (If yes, <input checked="" type="checkbox"/> WW I	16. SOCIAL SECURITY NO. 492-09-1023	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO
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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) MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 1 DAY	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease		unknown
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CALCIFIC AORTIC STENOSIS		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from 6/12/59 to 6/13/59 and last saw him alive on 6/13/59 Death occurred at 2:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE THOMAS H. JOHNSON JR.	22b. ADDRESS M.D. VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED 6-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-17-59	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. JUN 15 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D. M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
In Hospital 38 1/2 hrs

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 *Edwin A. McDevitt*

Licensed Embalmer No. 3024

P. O. Address

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.