

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016926

Registration District No. 245 Primary Registration District No. 5834 Registrar's No. 61 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p style="font-weight: bold; font-size: 14pt;">FILED APR 29 1963</p> <p>1. PLACE OF DEATH a. COUNTY <u>Newton</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u></p>				
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Diamond</u></p>		<p>Length of stay in 1b <u>3 Yrs</u></p>	<p>c. CITY OR TOWN <u>Diamond</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Union Rest Home</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>Gen, Del.</u></p>		<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>William Arthur Denny</u></p>			<p>4. DATE OF DEATH Month Day Year <u>April 21, 1963</u></p>			
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>9-14-1872</u></p>	<p>9. AGE (last birthday) <u>90</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Chanute, Kansas</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>John M. Denny</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Harriett Denny</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Deceased</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u></p>		<p>16. SOCIAL SECURITY NO. <u>[Redacted]</u></p>	<p>17. INFORMANT Address <u>Mrs Della Litton Diamond, Mo</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					<p>INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour - Month, Day, Year a.m. p.m.</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>				
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>1956</u> to <u>April 21 1963</u> and last saw her/him alive on <u>July 10 1961</u> Death occurred at <u>3:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.</p>			<p>22b. ADDRESS <u>Neosho, Missouri</u></p>		<p>22c. DATE SIGNED <u>4-27-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>4-24-1963</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home Neosho, Mo</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>4-23-63</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Meriden, 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.