U. S. No. 2
OOM—2-43
Rev. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16499

FILED JUN 14 1946

Registration District No. 14 Primary Registration District No. 3025 Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Plains Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon 75
(c) City or town: Thayer (If outside city or town limits, write "RURAL") 1
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sterling Freeman Denton
3. (b) If veteran, name war: --
3. (c) Social Security No. 333-03-7030
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Cleffie T. Harmon
6. (c) Age of husband or wife if alive: 33 years
7. Birth date of deceased: Feb. (Month) 19 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
46	1	25	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Timber Worker
11. Industry or business
FATHER 12. Name: William Denton
13. Birthplace: Denton County (City, town, or county) Missouri (State or foreign country) 0
MOTHER 14. Maiden name: Mary K. Denton
15. Birthplace: Denton County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Cleffie Denton
(b) Address: Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Thayer Cem.
18. (a) Signature of funeral director: Leo Darr
(b) Address: Thayer, Mo.
19. (a) 5-27-46 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 15 year 1946 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 14, 1946 to April 14, 1946; that I last saw him alive on 4/14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Internal injury	
Due to: Horse ran away & dragged him 1/4 mile	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident 75
(b) Date of occurrence: 4/14/46
(c) Where did injury occur? Oregon (City or town) Co. (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Country Rd (Specify type of place)
While at work? No (e) Means of injury: 0
23. Signature: Maurice Thompson (M. D. or other) MD
Address: West Plains Mo. Date signed 5-21-46

125 (Licensed Embalmer's Statement on Reverse Side) THOMPSON

RECEIVED
District ... Officer No. 5
District 646 356
Date Filed 6-3-46

JUN 8 1946

JUN 10 1946

JAN 4 1949

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.