

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19354  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 2024 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>310 S. Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Boone</u> c. (Last) <u>Denny</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6, 1973</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander Denny</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Snoddy</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Patterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs D. B. Denny Fayette, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hipso Sarcoma - Small intestine</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>152X</u>	
19a. DATE OF OPERATION <u>August 48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hipso Sarcoma - Small intestine + adjacent glands</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 1948</u> , to <u>June 10, 1949</u> , that I last saw the deceased alive on <u>June 10, 1949</u> , and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Shaw</u>		23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>6-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery Fayette, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>
DATE REC'D BY LOCAL REG. <u>6-18-1949</u>	REGISTRAR'S SIGNATURE <u>Dorothy Fern John</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

45  
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RECEIVED JUN 20  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 6-26-49

**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, only

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.