U.S. No. 300
REV. 10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41521

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 150

5 2 2

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

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENSBURG
c. LENGTH OF STAY (in this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kingsville Twp
d. STREET ADDRESS (If rural, give location): Rural Kingsville, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): KELLY
c. (Last): DENNEY

4. DATE OF DEATH (Month) (Day) (Year): DEC 28 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 25 1863
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months 6 Days 3
IF UNDER 24 HRS.: 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: SAME
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Wm F Denney
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Martha E. (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): mo
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Walter Long ADDRESS: Kingsville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Years?
DUE TO (c): Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 23, 1949, *to* Dec 28, 1949, *that I last saw the deceased alive on* Dec 28, 1949, *and that death occurred at* 3:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Anton H. Wilcox M.D.
23b. ADDRESS: 1228 Market Warrensburg Mo
23c. DATE SIGNED: 12-31-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 30 '49
24c. NAME OF CEMETERY OR CREMATORY: Bluff Springs
24d. LOCATION (City, town, or county) (State): Kingsville Mo

DATE REC'D BY LOCAL REG.: Dec 31, 1949
REGISTRAR'S SIGNATURE: Savannah Cutchfield
25. FUNERAL DIRECTOR'S SIGNATURE: Canaday & Popp
ADDRESS: Holden, Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1950

MAY 4 1950

DEC 7

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 _____
Student Embalmer

Signed M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.