

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3522**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 7	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)			
a. COUNTY Saline		b. CITY (If outside corporate limits, write RURAL and give town) Marshall, Mo.		a. STATE Missouri		b. COUNTY Camden	
c. LENGTH OF STAY (in this place) 24 Days		c. CITY (If outside corporate limits, write RURAL and give township) Decaturville		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Blosser Crippled Childrens Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Cleo	b. (Middle) -	c. (Last) Denny	(Month) (Day) (Year) January 11 1950	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 2-1943	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. 6 Months 11 Days 8 Hours Min.
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 2-1943	
9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. 6 Months 11 Days 8 Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Did not work		10b. KIND OF BUSINESS OR INDUSTRY Crippled		11. BIRTHPLACE (State or foreign country) Decaturville, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Virgil Denny		13b. MOTHER'S MAIDEN NAME Anna Looney		14. NAME OF HUSBAND OR WIFE Virgil Denny	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blosser Crippled Childrens Home - Marshall			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcinismus Stridulus		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20 min	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 _____, 19____, to 1/11 , 19 50 , that I last saw the deceased alive on 1/11 , 19 50 and that death occurred at 2:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE C. Wentch				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 1-11-50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 12/50		24c. NAME OF CEMETERY OR CREMATORY Mietta Cemetery		24d. LOCATION (City, town, or county) (State) 5 Miles south - Camden, Mo.	
DATE REC'D BY LOCAL REG. Jan 12-1950		REGISTRAR'S SIGNATURE Sidney T. Gray		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. Leslie Surrency			

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

RECEIVED

JAN 16

District Health Officer No. 8,

District File Number

Date Filed 1-18-50

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 J. Leslie Seering
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.