

FILED SEP 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27939

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 4457 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Clair.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lowry City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lowry City</b> <b>1930</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>None.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lizzie Ann</b> b. (Middle) <b>DENNEY</b> c. (Last) <b>DENNEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug, 23rd. 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Mar. 23, 1866</b>	9. AGE (In years last birthday) <b>84</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Nathan Denney</b>	13b. MOTHER'S MAIDEN NAME <b>Samantha Spillman</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Floyd Denney-Lowry City, MO</b> ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Insufficiency</b>		
	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.		<b>4211</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 **Aug 19, 1950**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Aug 19, 1950** and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. S. Stratton M.D.</b>	23b. ADDRESS <b>Lowry City, Mo</b>	23c. DATE SIGNED <b>Aug 24 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>Aug 24, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lowry City, Mo</b>	24d. LOCATION (City, town, or county) (State) <b>Lowry City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 24-50</b>	REGISTRAR'S SIGNATURE <b>Ruth Seaman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hutsler Funeral Home</b> ADDRESS <b>USC 001</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9-5-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-5-50

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 *Charles H. Hutsler Jr.*  
Charles H. Hutsler Jr.

Licensed Embalmer No. 4629

P. O. Address Cecole, 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.