

STANDARD CERTIFICATE OF DEATH

State File No. 36859

FILED DEC 15 1950

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3031 Registrar's No. 101

151
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) Armstrong	
c. LENGTH OF STAY (in this place) 4 MO.		0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Aileen	c. (Last) Denny	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1881	9. AGE (In years last birthday) (Month) (Day) (Year) 68 11 16	IF UNDER 1 YEAR Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Carrollton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Herndon	13b. MOTHER'S MAIDEN NAME Betty Bentley	14. NAME OF HUSBAND OR WIFE H. B. Denny
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Maurine Taylor	ADDRESS Armstrong, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma		
	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.		209x	

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)
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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?
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22. I hereby certify that I attended the deceased from **August 1, 1950**, to **Dec 3, 1950**, that I last saw the deceased alive on **Dec 3, 1950**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Francis J. Dean M.D.	(Degree or title)	23b. ADDRESS Lee Hospital, Fayette, Mo	23c. DATE SIGNED 12-5-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/50	24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Armstrong, Mo
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DATE REC'D BY LOCAL REG. 12-5-50	REGISTRAR'S SIGNATURE Mary K. Sheeps	25. FUNERAL DIRECTOR'S SIGNATURE Patricia A. Carr	ADDRESS Fayette, Mo
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RECEIVED 12/14/57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/14/57

MAY 26 1954

NOV 29 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Jayesh A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Jayette 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.