

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37340

FILED NOV 28 1950

State File No. _____ Registrar's No. 448

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>448</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>INDEPENDENCE</u>		c. LENGTH OF STAY (In this place) <u>3 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>		d. STREET ADDRESS (If rural, give location) <u>405 N. SPRING ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANITARIUM</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 13, 1950</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH ALLEN DENTON</u>				5. SEX <u>MALE</u>			
a. (First)		b. (Middle)		c. (Last)		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 10, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REALESTATE</u>		11. BIRTHPLACE (State or foreign country) <u>LAKE CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>COLUMBUS K. DENTON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH C. PENNINGTON</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE O. DENTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-28-5997</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS JENNIE O. DENTON</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, asthenia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure, Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage into Gastro-Intestinal Tract</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7M.</u> <u>578X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Bilateral Hemorrhaphy (P.O. 7days)</u>				20. AUTOPSY? YES <input checked="" 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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2800. Main</u>		23c. DATE SIGNED <u>11/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>OTT & MITCHELL</u>		ADDRESS <u>INDEPENDENCE MO</u>	

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.

NONE

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Marion Deis*

Licensed Embalmer No. 3156

P. O. Address INDEPENDENCE, 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.