

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37435

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495	
c. LENGTH OF STAY (in this place) 8 YRS		d. STREET ADDRESS (If rural, give location) 3031 E 8TH ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3031 E. 8TH ST			

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) C c. (Last) DENNEY			4. DATE OF DEATH (Month) (Day) (Year) DEC 1 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 26 1885		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONARY ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY		11. BIRTHPLACE (State or foreign country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LIGE DENNEY		13b. MOTHER'S MAIDEN NAME NANCY JANE PENNELL		14. NAME OF HUSBAND OR WIFE MARY DENNEY			

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.		17. INFORMANT'S SIGNATURE OR NAME MARY DENNEY		ADDRESS JOPLIN	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Carcinoma.				INTERVAL BETWEEN ONSET AND DEATH Not known.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				162X	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Nov. 9, 1950, to Dec. 1, 1950, that I last saw the deceased alive on Nov. 30, 1950, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE D. Blaupian (Degree or title)		23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 12-1-50.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4 Dec. 1950		24c. NAME OF CEMETERY OR CREMATORY 6222 K MEM. PK. Cem.		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
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DATE REC'D BY LOCAL REG. 12-1-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE HURLBUT-GLOVER		ADDRESS JOPLIN	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-11-50

Jasper County Health Office

County File Number 50-11-889

Date Filed 12-11-50

DEC 11 1950

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 _____
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.