

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10010

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 389

01604

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

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u> <u>1001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>207 HEEP AVE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>TAYLOR</u> c. (Last) <u>DENSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>APR 18-1887</u>
9. AGE (In years last birthday) <u>63</u> 7 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ORCHARD WORK</u>	
11. BIRTHPLACE (State or foreign country) <u>BOONVILLE MISS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CLABORNE DENSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET PIERCE</u>	
14. NAME OF HUSBAND OR WIFE <u>BERTHA DENSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>491-24-142</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Denson</u> ADDRESS _____	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Seven mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patient was in uremic coma with convulsions when first seen, he expired before the study of the cause could be determined.</u>		792X	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>12-9-1950</u> , to <u>12-10-1950</u> , that I last saw the deceased alive on <u>12-10-1950</u> , and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>801a Broadway - Cape Girardeau MO</u>	
23c. DATE SIGNED <u>12-20-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-13-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO MO</u>	
DATE REC'D BY LOCAL REG. <u>12-20-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS _____	

RECEIVED

DEC 27 1950

DISTRICT HEALTH OFFICE No. 6

To No. ....

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

*C. J. Lorberg*

..... Licensed Embalmer No. 3810 .....

P. O. Address Cape Girardeau, 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.