

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 411

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5180</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Landon</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Landon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Decaturville</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Decaturville - Warren Township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Virginia Denny</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del 015<sup>th</sup> St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lois</u> b. (Middle) <u>Fern</u> c. (Last) <u>Denny</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 - 1951</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>whit</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Nov 8 - 1946</u>		
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Decaturville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Virgil Denny</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Looney</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Looney Denny</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diphtheria</u>  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. <u>055X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>No operation</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>Jan 29, 1951</u> , to <u>Jan 29, 1951</u> , that I last saw the deceased alive on <u>Jan 29, 1951</u> , and that death occurred at <u>9:20 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. D. Looney M.D.</u> (Degree or title)				23b. ADDRESS <u>Camberton Mo</u>		23c. DATE SIGNED <u>Feb. 1, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myrtle</u>		24d. LOCATION (City, town, or county) (State) <u>Landon, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 2 - 1951</u>		REGISTRAR'S SIGNATURE <u>Zelpha Inaw</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Woolery</u>			
					ADDRESS <u>Camberton Mo</u>			

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

150

**RECEIVED** *2/3/51*

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed *2-3-51*

**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 *Philo Bankson Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Dandenton Va*

**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.