

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8268

FILED MAR 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 6337 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>PEACE VALLEY Mo 6094</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PEACE VALLEY Mo. 0460</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R-Sunaw Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSA</b> b. (Middle) <b>MAR</b> c. (Last) <b>DENTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8 - 1951</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>2</b>	
8. DATE OF BIRTH <b>Feb 15 - 1868</b>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>82-11-23</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	
11. BIRTHPLACE (State or foreign country) <b>WEST VA. 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>EDMOND Hill</b>	
13b. MOTHER'S MAIDEN NAME <b>und</b>		14. NAME OF HUSBAND OR WIFE <b>J.S. DENTON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>2</b>	
16. SOCIAL SECURITY NO. <b>2</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRANCIS CHASE KANSAS CITY, Mo.</b>			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Hypertension and</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bronchial Asthma</b>		4222	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		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 **7 Feb, 1951**, to **8 Feb, 1951**, that I last saw the deceased alive on **7 Feb, 1951**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (In words or title) <b>Robertson</b>		23b. ADDRESS <b>West Plains Mo</b>		23c. DATE SIGNED <b>MAR 8 - 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-11-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Ceterary</b>	
24d. LOCATION (City, town, or county) (State) <b>PEACE VALLEY Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robertson</b>		ADDRESS <b>West Plains Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/22/51</b>		REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>		26. (Licensed Embalmer's Statement on Reverse Side)	

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

No. 300  
10-48  
460

~~DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield~~

~~RECEIVED MAR 4 2 1951~~

~~Dist. File \_\_\_\_\_~~

~~Date Filed \_\_\_\_\_~~

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAR 24 1951

Dist. File 351-627

Date Filed 3-24-51

**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.

Signed J. D. Robertson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3432

P. O. Address West Plains 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.