

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11870

State File No.

BIRTH NO. _____ REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 5206 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Fairfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Fairfield Twp.</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Southeast Braymer, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast of Braymer, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>DENISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/14/1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 9, 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Carrollton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Rice Newnhyrn</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Brock</u>		14. NAME OF HUSBAND OR WIFE <u>Edward S. Denison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Davis</u> ADDRESS <u>Braymer, Mo.</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u> DUE TO (c) <u>Arteriosclerotic Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

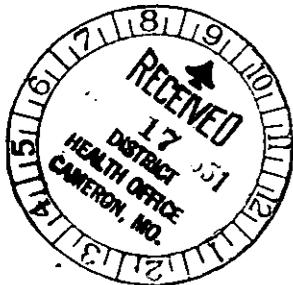
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, 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? <u>592X</u>

22. I hereby certify that I attended the deceased from Mar 17, 1951, to Mar 14, 1951, that I last saw the deceased alive on Mar 14, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Crank</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>4-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/16/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Low Gap</u>	
DATE REC'D BY LOCAL REG. <u>4/14/51</u>		REGISTRAR'S SIGNATURE <u>Ernie Street</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co., Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael</u>		ADDRESS <u>Braymer, Mo.</u>			

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

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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 _____

Gene B. Michael

~~Signed _____~~

~~Student Embalmer~~

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.