

STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN LEADWOOD		c. CITY OR TOWN LEADWOOD	
c. LENGTH OF STAY (in this place) 40YES.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEADWOOD			

3. NAME OF DECEASED (Type or Print) CLARENCE HARVEY DENTON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH AUG 9 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 28 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 5 Days 11	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY LEAD MINING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE H. DENTON	13b. MOTHER'S MAIDEN NAME MARY EAST	14. NAME OF HUSBAND OR WIFE ALVA DENTON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. 493-23-9581	17. INFORMANT'S SIGNATURE OR NAME ALVA DENTON ADDRESS LEADWOOD MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.	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 4201	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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 9, 1951**, to **Aug 9, 1951**, that I last saw the deceased alive on **Aug 9, 1951**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Hunt M.D. (Degree or title)	23b. ADDRESS Leadwood Mo	23c. DATE SIGNED 8-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/11/51	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	24d. LOCATION (City, town, or county) (State) BIRMARK, MO
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DATE REC'D BY LOCAL REG. Aug 10, 1951	REGISTRAR'S SIGNATURE Ethel Pudloff	25. FUNERAL DIRECTOR'S SIGNATURE BOYER FUNERAL HOME ADDRESS LEADWOOD
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 13 1951

RECEIVED

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.