

FILED NOV 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33108

51
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden Parma</u>	
c. LENGTH OF STAY (In this place) <u>20 days</u>		d. STREET ADDRESS (If rural, give location) <u>SIX DOUBTLESS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Douglasa</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u>		b. (Middle) <u>Denzmore</u>	
c. (Last) <u>Denzmore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 15 1905</u>
9. AGE (In years last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ruben Denzmore</u>	
13b. MOTHER'S MAIDEN NAME <u>Maggie Ellison</u>		14. NAME OF HUSBAND OR WIFE <u>Guy Denzmore East St. Louis Ill</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Guy Denzmore</u> ADDRESS <u>East St. Louis Ill</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parotitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Recent obstruction of gland</u> 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 <u>5705</u>	
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>Oct 10</u> , 19 <u>51</u> , to <u>Oct 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>51</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Cacklam</u>		23b. ADDRESS <u>Malden</u>	
23c. DATE SIGNED <u>Oct 14 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stenfield</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-51</u>		REGISTRAR'S SIGNATURE <u>J. W. Schuman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay General Home</u>		ADDRESS <u>Malden</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-29-51

COUNTY FILE NUMBER 1051-286

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 J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.