

No. 300
10.48
JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3817

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>6285</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mt Grove township</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mt Grove township</u>		OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1140</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u>			b. (Middle) <u>JAMES</u>		c. (Last) <u>DENNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12, 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct 23, 1877</u>		9. AGE (If years last birthday) Months Days <u>74 2 19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rancher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rancher</u>		11. BIRTHPLACE (State or foreign country) <u>Mountain Grove, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Benjamin Z. Denney</u>			13b. MOTHER'S MAIDEN NAME <u>Dressella Hull</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. P.W. Denney</u>			ADDRESS <u>mtu grove, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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) _____						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) m.		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>1-12-1951</u> , to <u>1-12-1952</u> , that I last saw the deceased alive on <u>1-11-1952</u> , and that death occurred at <u>7:00 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>P.W. Denney M.D.</u>				23b. ADDRESS <u>mtu. Grove mo.</u>			23c. DATE SIGNED <u>1-13-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 15, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>old cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>mtu. Wright mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-17-52</u>		REGISTRAR'S SIGNATURE <u>A.B. Amer</u>		348-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stable-Windley</u> ADDRESS <u>mtu grove, mo.</u>			

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

140

MAR 17 1959

WRIGHT CO. HEALTH DEPT.
County File Number 18-2-1/
Date Filed Jan 26, 52

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

Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm. Gray, 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.