

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5544

State File No. ....

FILED FEB 29 1952

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 14

05120

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN Leeton</u> <u>05100</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Leeton, Missouri</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			

3. NAME OF DECEASED (Type or Print): a. (First) <u>Mattie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Denison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 15, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 3, 1863</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>	

13a. FATHER'S NAME <u>Oliver C. Denton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Squire</u>		14. NAME OF HUSBAND OR WIFE <u>W. Scott Denison</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 ADDRESS <u>Mrs Clarence Crabtree Chilhowee, 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, asphyxia, 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 <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediately</u> <u>2 yrs -</u>	
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) (Min.)		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 2-14, 1952 to 2-15, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 12:05 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. DeLooper MD</u>		23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>2/18/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>	
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DATE REC'D BY LOCAL REG <u>Feb. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Kavanaugh Hutchins</u>		147-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Warrensburg, Mo.</u>	
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RECEIVED  
FEB 27 1952  
JOHNSON COUNTY HEALTH DEPT

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W. M. Baumgardner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Waukesha, Wis.

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.