No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6944

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 570

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marshall Twp.
c. LENGTH OF STAY (In this place): 5-7-28
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pemiscott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti R.F.D. 0780
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Robert c. (Last) Denny

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 25 1936
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months 8, Days 1 — IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Okla.
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: N. L. Denny
13b. MOTHER'S MAIDEN NAME: Stella Barkley
14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Record Mo State School ADDRESS: Marshall Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Ambiente

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4 2 2 2
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1950 *to* Feb 26 1952 *that I last saw the deceased alive on* 2/26, 1952, *and that death occurred at* 6-25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. E. Salyer (Degree or title) MD
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 2-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 27-1952
24c. NAME OF CEMETERY OR CREMATORY: Wardell Cemetery
24d. LOCATION (City, town, or county) (State): Wardell, Missouri

DATE REC'D BY LOCAL REG.: Feb. 27-1952
REGISTRAR'S SIGNATURE: Sidney T Hoag 385
25. FUNERAL DIRECTOR'S SIGNATURE: J. Leslie Swaney ADDRESS: Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. Leslie Swaney

Signed .....
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.