No. 300
10.48

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27187

BIRTH NO. 48480 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 917

1. PLACE OF DEATH
a. COUNTY Buchanan 0117 6
b. CITY OR TOWN St Joseph (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 11 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Andrew 0020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Savannah Mo 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Jerry
b. (Middle) Lee
c. (Last) Denney

4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH Sept 3 - 1952

9. AGE (In years last birthday) — If under 1 year: Months — Days; If under 24 hrs.: Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) St Joseph, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Harold Glenn Denney

13b. MOTHER'S MAIDEN NAME Donna Elle

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Harold G. Denney — **ADDRESS** Savannah 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) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 11 hrs.

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 9620

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* Sept. 3, 1952, *to* Sept 4, 1952, *that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 12:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Neva M. Steidley (Degree or title) D.O.

23b. ADDRESS 801½ Francis

23c. DATE SIGNED Sept 4 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-5-52

24c. NAME OF CEMETERY OR CREMATORY Savannah

24d. LOCATION (City, town, or county) Savannah (State) Mo

DATE REC'D BY LOCAL REG. Sept. 10, 1952

REGISTRAR'S SIGNATURE Carl C. Castillo

25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home **ADDRESS** Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. C. Brick

Signed .....
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Sarcoxie 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.