

No. 306
10.48

FILED NOV 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 37862

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. _____

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge, Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If rural, give location) <u>0130</u> | |

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|--|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>Maie</u> c. (Last) <u>Denner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 3 1952</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6-3-1881</u> | | 9. AGE (In years last birthday) <u>71</u> Months <u>5</u> If UNDER 1 YEAR: Days _____ If UNDER 1 Mth: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lock Springs, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward Lee Denner</u> | |
| 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 <u>Albert Denner</u> ADDRESS <u>Kennett, Mo</u> | |

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|--|--|---|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u> <u>of pregnancy</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer - Stomach</u> | | ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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. | | 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 _____ | | | 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) <u>151X</u> | |
| 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 Sept 1, 1952, to Nov 3, 1952, that I last saw the deceased alive on 11-3, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

| | | | | | |
|---|--|--------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>J.W. Webb</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Breckenridge, Mo</u> | | 23c. DATE SIGNED <u>11/4/52</u> | |
|---|--|--------------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-9-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo</u> | |
|--|--|--------------------------|--|---|--|---|--|

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>11-12-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stammell Funeral Home</u> ADDRESS <u>Breckenridge, Mo</u> | |
|--|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

130
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Nell B. Jones, Caldwell, Mo

1. 5. 6. 1. 20

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 _____

ERWIN L. TROWITCH

Student Embalmer No. 443

working under my personal supervision.

Student Erwin L. Trowitch
Student Embalmer

Signature Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Praymer

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.