S. No. 300
v. 10.48

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3010

BIRTH NO. _____ REG. DIST. NO. 818 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0635

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 1 1/2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Alexian Brothers'

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill.
b. COUNTY Effingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Effingham 8120
d. STREET ADDRESS (If rural, give location) 505 E. Jefferson 8

3. NAME OF DECEASED (Type or Print)
a. (First) Guy
b. (Middle) P.
c. (Last) Denton

4. DATE OF DEATH (Month) (Day) (Year) 1-19-53

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-22-1877
9. AGE (In years last birthday) 75 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney
10b. KIND OF BUSINESS OR INDUSTRY Law
11. BIRTHPLACE (City and State or Foreign Country) Paris, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Denton
13b. MOTHER'S MAIDEN NAME Katherine Partridge
14. NAME OF HUSBAND OR WIFE
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. 343-05-3562
17. INFORMANT'S SIGNATURE OR NAME Mrs. Guy Denton ADDRESS

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, Chronic — 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) Arterio Sclerosis.
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
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? 4221

22. *I hereby certify that I attended the deceased from* Dec. 10, 1952, *to* Jan. 19, 1953, *that I last saw the deceased alive on* Jan. 19, 1953, *and that death occurred at* 10:15 am *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS 325 Frisco Bldg St L
23c. DATE SIGNED Jan. 20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-20-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Effingham, Ill. (State)

DATE REC'D BY LOCAL REG. JAN 20 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE James Johnson ADDRESS Effingham, Ill
(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.

Student .....
Student Embalmer

Signed Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St. Louis 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.