

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

15616

FILED APR 18 1953

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3506**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (If in place) 59 Day	c. CITY OR TOWN Okean d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		e. STREET ADDRESS (If rural, give location) 8030	

3. NAME OF DECEASED (Type or Print) a. (First) Luther b. (Middle) Otto c. (Last) Denton		4. DATE OF DEATH (Month) (Day) (Year) April 2 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-6-1911
9. AGE (In years last birthday) 41		10. IF UNDER 1 YEAR Months 10 Days 26	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.	11. BIRTHPLACE (City and State or Foreign Country) Mountain View, Ark.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Anderson Denton	13b. MOTHER'S MAIDEN NAME Pearl Yarber	14. NAME OF HUSBAND OR WIFE Zella Denton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 720 12 5729	17. INFORMANT'S SIGNATURE OR NAME Zella Denton, Okean, Ark.	ADDRESS
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19. 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		INTERVAL BETWEEN ONSET AND DEATH 5 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Glomerulonephritis		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)	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 **Dec 2, 1952**, to **April 2, 1953**, that I last saw the deceased alive on **April 1, 1953**, and that death occurred at **8:06 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Benjamin H. Charles, M.D.	(Degree or title)	23b. ADDRESS Two Pac. Hosp. - St. Louis	23c. DATE SIGNED April 2, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-2-1953	24c. NAME OF CEMETERY OR CREMATORY Pocahontas, Arkansas	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. APR 2 1953	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, 2301 Lafayette	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1953

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.....
Signature of Student Embalmer

Signed *James R. Chapman*.....

Licensed Embalmer No. *4550*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.