

FILED AUG 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23628

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 53

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY McDonald | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY McDonald | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jane | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel | |
| c. LENGTH OF STAY (In this place) 1 yr. | | d. STREET ADDRESS (If rural, give location) None | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) A. c. (Last) Denton | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-20-54 | | |
| 5. SEX Male | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH June 3, 1870 | | 9. AGE (In years last birthday) 84 | | 10. MONTH 1 DAY 17 IF UNDER 1 YEAR IF UNDER 1 HOUR IF UNDER 1 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Beatty, Ark. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME John Denton | | 13b. MOTHER'S MAIDEN NAME Mary Kelley | |
| 14. NAME OF HUSBAND OR WIFE Nettie Denton | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Boone Denton | | 17. ADDRESS Noel, Mo. | | | |

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|---|--|---|--|--|--|---|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | INTERVAL BETWEEN ONSET AND DEATH Sudden | |
| | | 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. | | | | | |

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|--|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

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|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) B. M. Humphrey, J. Coroner | | 23b. ADDRESS Noel, Mo. | | 23c. DATE SIGNED 7-21-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-22-54 | | 24c. NAME OF CEMETERY OR CREMATORY Noel Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Noel, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE B. M. Humphrey, Jr. | | 25. ADDRESS Noel, Mo. | |

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|---|--|---|--|-------|--|
| DATE REC'D BY LOCAL REG. 7-22-54 | | REGISTRAR'S SIGNATURE Boone Denton | | 423-0 | |
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(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

H. M. Humphrey Jr.

Licensed Embalmer No.

4708

P. O. Address

Noel 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.