

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28142

State File No.

FILED AUG 30 1954

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5652 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Miller</u>	c. LENGTH OF STAY (In this place) <u>highland 10yr.</u>	c. CITY OR TOWN <u>Miller</u>	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 <u>Residence</u>		f. STREET ADDRESS (If rural, give location) <u>0550</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u> b. (Middle) <u>Sidney</u> c. (Last) <u>Denton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-27-1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 18: Days <u>10</u> Hours <u>22</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Terry Denton</u>	13b. MOTHER'S MAIDEN NAME <u>Leitha Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Ophia Denton</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-09-9433</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ophia Denton</u>	ADDRESS <u>Miller Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perhaps - Angina</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no knowledge</u> DUE TO (c) <u>of his case</u>		
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 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)
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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?
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22. I hereby certify that I attended the deceased from San Francisco to _____, 19____, that I last saw the deceased alive on ago 22nd, 19____, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. S. Bessinger</u> (Degree or title)	23b. ADDRESS <u>1111 E. Miller Mo.</u>	23c. DATE SIGNED <u>8-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-22-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-21-54</u>	REGISTRAR'S SIGNATURE <u>H. S. Bessinger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Luman Miller</u>	ADDRESS <u>Miller Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

AUG

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 *E. P. Seiman*.....

Licensed Embalmer No. *3297*.....

P. O. Address *Miller Ma*.....

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.