L.S. No. 300
Rev. 10.48

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31175

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 428

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield 0582
d. STREET ADDRESS (If rural, give location): 817 Brookfield Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Embree
c. (Last): Denbo

4. DATE OF DEATH: Sept (Month) 25 (Day) 1954 (Year)

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 10. 1881
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months 3 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: US Steel Corp
11. BIRTHPLACE (City and State or Foreign Country): Linneus Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George K. Denbo
13b. MOTHER'S MAIDEN NAME: Mary E McMullen
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.:
17. INFORMANT'S SIGNATURE OR NAME: Wm L. Yancy
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) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 6 da.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive Heart Disease — 5 mo.
DUE TO (c) Coronary Arteriosclerosis — 6 yr +

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: 4201
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?:

22. *I hereby certify that I attended the deceased from* Sept 22, 1954, *to* Sept 25, 1954, *that I last saw the deceased alive on* Sept 25, 1954, *and that death occurred at* 5:14 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy R. Haley (Degree or title) M.D.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 9-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 28
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Brookfield Mo

DATE REC'D BY LOCAL REG.: 9-30-54
REGISTRAR'S SIGNATURE: Nadine Steinbach Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: Homer L Bowden
ADDRESS: Brookfield Mo

(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 Homer L Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.