

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 22 1956

STATE FILE NUMBER

25857

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Kirksville</u> HOSPITAL <u>Osteopathic</u>		Length of stay in lb <u>6 yrs</u>	d. STREET ADDRESS <u>806 S Haliburton</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Henry</u> Last <u>Denslow</u>			4. DATE OF DEATH Month <u>8</u> Day <u>16</u> Year <u>56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5/12/1883</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>education</u>	11. BIRTHPLACE (City and state or country) <u>New Hartford, Conn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Joseph Henry Denslow</u>			14. MOTHER'S MAIDEN NAME <u>Eugenia Burgy</u>		
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>none</u>	17. INFORMANT Address <u>Dr. J. S. Denslow, Kirksville</u>		
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u> DUE TO (b) <u>VENTRICULAR FIBRILLATION</u> DUE TO (c) <u>PROBABLE CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>POLYCYSTIC DISEASE OF KIDNEYS 4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>AUGUST 8, 1956</u> to <u>AUGUST 16</u> and last saw ^{her} <u>him</u> alive on <u>AUGUST 16, 1956</u> Death occurred at <u>11:04 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. G. Belmont, D.O.</u>			22b. ADDRESS <u>800 W. JEFFERSON ST KIRKSVILLE MO.</u>		22c. DATE SIGNED <u>8-18-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		23b. DATE <u>8/20/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhala</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Davis & Davis</u>		ADDRESS <u>Kirksville</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-56</u>	26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 27 1956

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.....
Robert A. Davis

Licensed Embalmer No. *42*

P. O. Address *Kirks*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.