

Health, Welfare, Public Service  
 300  
 -56  
 No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36793  
 STATE FILE NUMBER

FILED OCT 23 1956

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY- OR TOWN <b>Nevada</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>237 N. Elm</b>			Length of stay in lb <b>63 years</b>		d. STREET ADDRESS <b>237 N. Elm</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <b>George</b>				First <b>George</b>		Middle <b>C.</b>		Last <b>Denman</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>12,</b> Year <b>1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 10, 1893</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale</b>		11. BIRTHPLACE (City and state or country) <b>Nevada, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>James M. Denman</b>						14. MOTHER'S MAIDEN NAME <b>Cora Haverstic</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. I</b>				16. SOCIAL SECURITY NO. <b>495-36-3408</b>		17. INFORMANT Address <b>James Denman Nevada, Missouri</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Left Ventricular Failure</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Epileptic seizures</b>										4 days		
DUE TO (c) <b>Scar tissue massive cerebral hemorrhage, left</b>												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 - Month, Day, Year a. m. p. m.												
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 <b>October 6, 1955</b> to <b>Oct. 12, 1956</b> and last saw <b>him</b> alive on <b>Oct. 12, 1956</b> Death occurred at <b>Nevada, Mo.</b> <b>7:10 P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>R. B. Wray, M.D.</b> (Degree or title)						22b. ADDRESS <b>Moore Building, Nevada, Mo.</b>			22c. DATE SIGNED <b>Oct. 13, '56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-15-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>			23d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>					
24. FUNERAL DIRECTOR <b>Eichinger Funeral Home Nevada, Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-18-56</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>				

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1963

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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.....  
*R Percy F. Millett*

Licensed Embalmer No. 48

P. O. Address Nevada

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.