

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40844**

FILED DEC 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5192</u>		Registrar's No. <u>105</u>			
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Combs Township			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Combs Township		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 10		
d. FULL NAME OF HOSPITAL OR INSTITUTION Combs Township				e. STREET ADDRESS (If rural, give location) 11 Miles N.E. Carrollton, Mo.					
3. NAME OF DECEASED (Type or Print)		a. (First) Alice		b. (Middle) Frances		c. (Last) Denker		4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1956	
5. SEX Fe.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 1, 1905		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Lead, South Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Seth Winslow			13b. MOTHER'S MAIDEN NAME Lottie Thomas			14. NAME OF HUSBAND OR WIFE Andrew Denker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Andrew Denker, R.F.D.6 Carrollton, Mo.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peranary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis DUE TO (c) Etiology unknown						INTERVAL BETWEEN ONSET AND DEATH 20 min 20 min	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec 11, 1956 , that I last saw the deceased alive on Dec 11, 1956 , and that death occurred at 5:10 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Name and title) A. Standley Gibson, M.D.				23b. ADDRESS Carrollton, Mo.				23c. DATE SIGNED Dec 14/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-56		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carrollton, Missouri			
DATE REC'D BY LOCAL REG. 12-15-56		REGISTRAR'S SIGNATURE Tom Herbert Carter		25. FUNERAL DIRECTOR'S SIGNATURE Standley-Gibson, Carrollton, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

50

MSB 8 1957

FEB 8 1957

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 *Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address *Carrollton*

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.