

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37 02 3249

State File No. ....

FILED JUN 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 21

1. PLACE OF DEATH a. CITY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>	
c. LENGTH OF STAY (In this place) <u>11 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2 Richland TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2 Richland TWP.</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2 Richland TWP.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>MMI</u> c. (Last) <u>Denton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1957</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	
8. DATE OF BIRTH <u>June 6, 1872</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Point Pleasant, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	

13a. FATHER'S NAME <u>Douglas Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Tomlin</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Noble Denton</u> ADDRESS <u>Essex, Mo. R.2</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Circulatory deficiency</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>422.7</u>				INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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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) (m.)		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 Jan. 1955 to June 11, 1957, that I last saw the deceased alive on April 7, 1957, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Robert Ellis Johnson D.O.</u>		23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>6-18-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-20-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. George L. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins &amp; Sons</u> ADDRESS <u>Dexter, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

546

JUL 24 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 .....  
Student Embalmer

Signed Marsh Wathkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.