FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008145

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 584

1. PLACE OF DEATH
a. COUNTY St. Louis.
b. CITY OR TOWN Kirkwood, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital Length of stay in 1b 21 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrian
c. CITY OR TOWN Laddonia Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Local Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Arlo Middle Last Denmark

4. DATE OF DEATH Month Day Year Feb. 24, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Mar. 26, 1882
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Ralls County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Denmark
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Sammie Denmark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Fred Denmark, Rt. # 2 Laddonia, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 years
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastrointestinal bleeding - question of gastric lesion by Xray
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2/3/58, to 2/24/58 and last saw ~~her~~ him alive on 2/24/58
Death occurred at 3:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joe W Hawkins MD
22b. ADDRESS 950 Francis Place, Clayton 5, Mo.
22c. DATE SIGNED 2/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-24-58
23c. NAME OF CEMETERY OR CREMATORY Laddonia, Cemetery
23d. LOCATION (City, town, or county) (State) Laddonia, Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG. 2-25-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D. Jr

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 18 1958

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 Lawrence O. Gerling

Licensed Embalmer No. 4979

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.