

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017354
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 519

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Denton 8150
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in 1b 3 hours	d. STREET ADDRESS (If outside, give location) Rural
3. NAME OF DECEASED (Type or print) First MIDDLE Last LOUISE DENTON		4. DATE OF DEATH Month Day Year May 10, 1958	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1882
9. AGE (In years last birthday) 75		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Leona Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Merkel	
13b. MOTHER'S MAIDEN NAME Fannie Hegenderfer		14. NAME OF HUSBAND OR WIFE A.G. Denton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT A.G. Denton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burns-Flame-2° and 3° over 90% of body		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		9160 16	
PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), and (c). Pt had CVA 4 yrs ago that left some encephalomalacia and apoplexia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" 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.) Pt apparently leaned over kitchen stove	
20c. TIME OF INJURY 6:00 p.m. May 10, 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	
20e. CITY, TOWN, OR LOCATION Union Twshp		20f. COUNTY STATE Doniphan Kansas	
21. I attended the deceased from Nov. 1953 to death and last saw her alive on 20 Nov. 1957 Death occurred at 10:00 P on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Amerson J. J. M.D.	
22b. ADDRESS Denton, Kansas		22c. DATE SIGNED 13 May 58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-13-58	23c. NAME OF CEMETERY OR CREMATORY Denton Cemetery	23d. LOCATION (City, town, or county) (State) Denton Kansas
24. FUNERAL DIRECTOR Blaney Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. May 15, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Marshall

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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 *Charles E. Bennett*

Licensed Embalmer No. *4477*

P. O. Address *St. Joseph, 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.