. Health, & Welfare Public Service
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S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025220
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 128 Primary Registration District No. [illegible] Registrar's No. 710A

1. PLACE OF DEATH a. COUNTY: Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. 6850 b. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN: Fort Leonard Wood — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Municapal Airport — Length of stay in 1b: 2 hrs.	d. STREET ADDRESS (If outside, give location): 9 A Youngstreet — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: PATRICIA	Middle: CORNELLA	Last: DENKINS	4. DATE OF DEATH Month: July	Day: 19 Year: 1958
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 6, 1952	9. AGE (In years last birthday): 6 — 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): Child	10b. KIND OF BUSINESS OR INDUSTRY: Child	11. BIRTHPLACE (City and state or country): Ft. Reilly, Kansas	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13a. FATHER'S NAME: Sgt. Allen Denkins	13b. MOTHER'S MAIDEN NAME: Constance Canto	14. NAME OF HUSBAND OR WIFE: none		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: Mrs. Allen Denkins, Ft. Leonard Wood, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pneumonia consolidation of the right upper lobe and the apex of the left upper lobe (Possible aspiration Pneumonitis)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Purulent tracheal bronchitis	Unknown
	501X	
DUE TO (c)	Unattended by a physician	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	Recent skin graft to left arm and left upper quadrant donor site	19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 XXXXXXXXXXXXXXX July 10, 1958 XXXXXXXXXXXXXXXXXXXXXXXXXXX
Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James R. Amos — James R. Amos, M.D. Health Officer	22b. ADDRESS: Greene County Health Department	22c. DATE SIGNED: 7/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: July 12-58	23c. NAME OF CEMETERY OR CREMATORY: Piskey	23d. LOCATION (City, town, or county) (State): Rembert South Carolina
24. FUNERAL DIRECTOR ADDRESS: B. Hedges — Hedges Funeral Home Waynesville, Mo.	25. DATE RECD. BY LOCAL REG.: 7-16-58	26. REGISTRAR'S SIGNATURE: Effie E. Melton	

(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. ... must use only standard nomenclature in item 18. No symptoms will be listed.

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 Clarence Rose

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

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.