

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028493

STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 58 Primary Registration District No. 4087 Registrar's No. 22

S. 300

1-57

0180

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>CARTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CARTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VAN BUREN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>VAN BUREN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESIDENCE</b>		Length of stay in lb <b>4 1/2 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>VAN BUREN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRED BLOOMFIELD DENTON</b>			4. DATE OF DEATH Month Day Year <b>Sept 7 1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-14-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DETECTIVE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PINKERTON</b>	9. AGE (In years last birthday) <b>67</b> FUNDER 1 YEAR: Months <b>6</b> Days <b>23</b> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>Stotesbury, Mo<sup>o</sup></b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>THOMAS DENTON</b>		13b. MOTHER'S MAIDEN NAME <b>NANNY HINES</b>	14. NAME OF HUSBAND OR WIFE <b>FRANCIS DENTON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>		16. SOCIAL SECURITY NO. <b>486-01-1259</b>	17. INFORMANT Address <b>FRANCIS DENTON VAN BUREN MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic arteriosclerosis</b>			<b>3 yrs</b>
DUE TO (c) <b>4201</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>10-18-57</b> to <b>9-7-58</b> and last saw him alive on <b>9-1-58</b> Death occurred at <b>4:50 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Frank J. Rusinski, D.O.</b>	
22b. ADDRESS <b>Van Buren, Mo</b>		22c. DATE SIGNED <b>9-8-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>9-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EAST LIBERTY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>Stotesbury Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Mrs Spadden - VAN BUREN MO</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 9-1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Oeta Hanson</b>

RECEIVED

SEP. 11 1958

CARTER COUNTY  
HEALTH CENTER

8961 6 100

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 *Allen C. McFadden* .....

Licensed Embalmer No. *45-43* .....

P. O. Address *Van Buren, 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.