

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041188

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 412

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Bonne Terre</b>           |  | c. CITY OR TOWN <b>Farmington</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>Bonne Terre Hosp.</b> |  | Length of stay in lb  | d. STREET ADDRESS <b>RFD # 3</b> (If outside, give location)                       |
|  |  |   | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |  |   |  |
|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Cyrus</b> Middle <b>Benson</b> Last <b>Denman</b>                            |                                  |   | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>7</b> Year <b>1958</b>  |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 1, 1882</b>                                  | 9. AGE (In years last birthday) <b>76</b>                               | IF UNDER 1 YEAR<br>Months Days Hours Min.    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer and Businessman</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Bollinger Co., Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b> |
| 13. FATHER'S NAME<br><b>J. H. Denman</b>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Sarah King</b>                            |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)                    |                                  | 16. SOCIAL SECURITY NO.<br><b>340-07-8954</b>   | 17. INFORMANT Address<br><b>Mrs. Mary Hartshorn, St. Louis, Missouri</b> |   |  |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of Prostate</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 1/2 yrs.</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                            |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                              |  |   |

|   |   |   |
|---|---|---|
| 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.)<br><b>177X</b> |   |
| 20c. TIME OF INJURY<br>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>Jan 19 54</b> to <b>11-7-58</b> and last saw him alive on <b>11-6-58</b><br>Death occurred at <b>3:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                      |                                    |
| 22a. SIGNATURE (Degree or title)<br><b>C. E. Carleton M.D.</b>   | 22b. ADDRESS<br><b>Farmington Mo</b> | 22c. DATE SIGNED<br><b>11-7-58</b> |

|  |                             |  |   |
|--|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                 | 23b. DATE<br><b>11/9/58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hillview Memorial Gardens</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Farmington Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Miller Funeral Home Farmington, Mo.</b> |                             | 25. DATE RECD. BY LOCAL REG.<br><b>Nov. 12, 1958</b>                   | 26. REGISTRAR'S SIGNATURE<br><b>Esther Rudloff</b>                          |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

8561 84 AUG

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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 e  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed... *Paul Dugal*

Licensed Embalmer No. *462*

P. O. Address *For my home*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.