

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-019802

STATE FILE NUMBER

FILED VS MAY 23 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 256

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Johlen</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Johlen 0495-</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital 5</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u>Denger</u> Last			4. DATE OF DEATH Month <u>5</u> Day <u>17</u> Year <u>60</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 25 - 1903</u>		9. AGE (In years last birthday) <u>56</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iron-wood</u>	11. BIRTHPLACE (City and state or country) <u>Dale View Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W.M. Denger</u>		13b. MOTHER'S MAIDEN NAME <u>Leta Esenbuth</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>936-07-8837</u>		17. INFORMANT <u>Andy Denger</u> Address <u>Mon. Baxter Sps.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Hemorrhage</u>	<u>12 days.</u>
	DUE TO (c) <u>Cerebral arteriosclerosis 331X</u>	<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>UREMIA Chronic Alcoholism</u>		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO

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 _____ Month, Day, Year _____ 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 _____ to <u>5-17-60</u> and last saw her alive on _____ Death occurred at <u>5-17-60 2A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>J.E. Elberne</u>	22b. ADDRESS <u>408 West 4th St</u>	22c. DATE SIGNED <u>5/18/60</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Howell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Logansport Kansas</u>
24. FUNERAL DIRECTOR <u>J. Lane Wene</u> ADDRESS <u>Baxter Sps.</u>		25. DATE RECD. BY LOCAL REG. <u>5-20-1960</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Wene Funeral Home, Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed J. Lane Wene .....

Licensed Embalmer No. 2880 .....

P. O. Address Box 845 Kan .....

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.