

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-040722

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 258

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>McCracken</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Length of stay in 1b <u>30 mins</u>	c. CITY OR TOWN <u>Paducah, R-1,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle <u>Dee</u> Last <u>Denton</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>8,</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-2-1918</u>	9. AGE (last birthday) <u>42 yrs</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Jim Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Cora (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>William E Denton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>William E. Denton</u> Address <u></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>Severe Lacerations of the Brain Minute</u> DUE TO (b) <u>Auto Train accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u></u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) <u></u>		
20c. TIME OF INJURY Hour <u>10</u> Month, Day, Year <u>8 60</u> <u>p.m.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hunterville RR Junction</u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>10-8-60</u> to <u>10-8-60</u> and last saw her alive on <u>10-8-60</u> Death occurred at <u>7:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John Sargent, M.D.</u>		22b. ADDRESS <u>707 Tannen St Sikeston, Missouri</u>		22c. DATE SIGNED <u>10-21-60</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 11, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>	23d. LOCATION (City, town, or county) <u>Bardwell, Ky.</u>	(State) <u></u>	
24. FUNERAL DIRECTOR <u>Roy M. Lowe</u>		ADDRESS <u>Lowes, Ky.</u>	25. DATE RECD. BY LOCAL REG. <u>10-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 T 8 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.