

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004523

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 11

STATE FILE NUMBER

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		Length of stay in 1b <b>9 Weeks</b>	c. CITY OR TOWN <b>Tantha</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>Gilbreath Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <b>DAVID</b> Middle <b>LILBURN</b> Last <b>DENNY</b>			4. DATE OF DEATH Month <b>February</b> Day <b>16</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-22-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	9. AGE (last birthday) <b>81</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
13a. FATHER'S NAME <b>Oscar P. Denny</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Bowman</b>	14. NAME OF HUSBAND OR WIFE <b>Nira May Quillin Denny</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Leslie Denny</b> Address <b>Branson, Missouri</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>Arteriosclerotic hypertensive cardiac vascular disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic bronchitis</b> <b>2 Cerebral hemorrhage &amp; d. hemiplegia</b>			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 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. Month, Day, Year _____			
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>December 1957 Feb 16, 61</b> and last saw her/him alive on <b>2/13/61</b> Death occurred at <b>11:00A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A.R. Cain M.D.</b>		22b. ADDRESS <b>Lamar Mo</b>	22c. DATE SIGNED <b>2/17/61</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-19-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tantha</b>
24. FUNERAL DIRECTOR <b>Konantz Funeral Home</b>		23d. LOCATION (City, town, or county) <b>Barton County Missouri</b>	
ADDRESS <b>Lamar, Missouri</b>		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE <b>FEB 17 '61</b> <b>Marie Konantz</b>	

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.