

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013268
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4198 Registrar's No. 31

AMENDED

FILED APR 25 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gentry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City		a. STATE Missouri COUNTY Gentry		c. CITY OR TOWN King City	
Length of stay in lb 2 1/2 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 108 N. Ohio		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 N. Ohio				d. STREET ADDRESS (If outside, give location) 108 N. Ohio			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Clara		Middle Rebecca		Last Denton		Month Day Year April 14, 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/27/88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and state or country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harry S. Shelton			13b. MOTHER'S MAIDEN NAME Emma Munn		14. NAME OF HUSBAND OR WIFE Phil Denton (Dec.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			17. INFORMANT Address Mrs. Dortha Carlstrom King City Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Hemorrhage							Immediate
DUE TO (b) Advanced Arterio / Atherosclerosis 5yrs							
DUE TO (c) Generalized Atheromatous Degeneration 2-12yr							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Insipidus							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 January 1960 to April 14, 1961 and last saw her alive on April 14, 1961		Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) P. Sliach, D.O.				22b. ADDRESS King City Mo		22c. DATE SIGNED 4-17-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 16 1961	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.		23d. LOCATION (City, town, or county) (State) Kirksville, Mo. 4-17-61		
24. FUNERAL DIRECTOR ADDRESS Harold E. Hoedel, King City, Mo.			25. DATE RECD. BY LOCAL REG. April, 17, 1961		26. REGISTRAR'S SIGNATURE Ma. L. W. Bare		

(Licensed Embalmer's Statement on Reverse Side)

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

Harold G. Keadel

Licensed Embalmer No. 4609

P. O. Address King City, 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.