

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019727

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1470

FILED JUN 6 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY		St. Louis		a. STATE		b. COUNTY			
				Mo.		St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Warson Woods		c. CITY OR TOWN		Warson Woods			
Length of stay in 1b		8 Yrs.		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			1077 Warson Woods	d. STREET ADDRESS (If outside, give location)			1077 Warson Woods Rd.		
Inside Limits			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First	Middle	Last	Month	Day	Year				
J.	LEO	DENNY	May	24	1961				
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH			
Male		White				12-5-1897			
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR					
63		Months		Days		Hours			
						Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
Sec'y.-Treas. American Investment Co.			American Investment Co.		Springfield, Ill.		U.S.A.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
John Denny			Margaret McFall			Sylvia Denny			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT				Address	
No				Sylvia Denny				1077 Warson Woods Rd.	
None									
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)								9 mo	
Carcinoma of lung									
DUE TO (b)									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.			
Atherosclerotic heart disease						Cirrhosis of liver			
						<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		Month, Day, Year					
		a.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 <u>1957</u> to <u>Present</u> and last saw him alive on <u>May 24, 1961</u>									
Death occurred at <u>6:38 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED	
<u>Conrad T. Rouse M.D.</u>					<u>100 N. Euclid</u>			<u>5/25/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Removal (Mtr)		May 26, 1961		LOCAL CEM.		Springfield, Ill.			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		REGISTRAR'S SIGNATURE			
Kriegshauser 9450 Olive St. Road				5-25-61		<u>John B. Mumfley M.D.</u>			

DATE AMENDED

INSTEAD OF

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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 Bevington

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.