

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-020937

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 541

AMENDED FILED JUL 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BO AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Illinois COUNTY Rock Island (Institution)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 1 day	c. CITY OR TOWN Moline Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1407 37th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last NEIL FRANCIS DENEN			4. DATE OF DEATH Month Day Year MAY 29, 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-2-22
9. AGE (last birthday) 39		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Budget Analyst Illinois Gas and Elec Co		10b. KIND OF BUSINESS OR INDUSTRY Woodhull Illinois	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Ralph Denen	13b. MOTHER'S MAIDEN NAME Lilly Swanson
14. NAME OF HUSBAND OR WIFE Evelyn Denen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. unknown
17. INFORMANT Evelyn Denen Moline Illinois		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
DUE TO (b) Basal Skull Fracture			
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. <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.) Auto Accident	
20c. TIME OF INJURY 3 PM	Hour Month, Day, Year 5-27-61		
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.) street	20f. CITY, TOWN, OR LOCATION Lawrence	COUNTY STATE Missouri
21. I attended the deceased from 5-28-61 to 5-29-61 and last saw her/him alive on 5-29-61 Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John L.K. Huang, M.D.		22b. ADDRESS 1636 Glenstone, Springfield, Missouri	22c. DATE SIGNED 6-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-2-61	23c. NAME OF CEMETERY OR CREMATORY Greenview Memorial Garden	23d. LOCATION (City, town, or county) (State) East Moline Illinois
24. FUNERAL DIRECTOR Fossett, Mt. Vernon, Missouri		25. DATE RECD. BY LOCAL REG. 6-2-61	26. REGISTRAR'S SIGNATURE Officer E. Meelen

JUL 10 1961

JUL 13 1961

JUL 27 1961

JUL 11 1961

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 _____

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.