

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035572

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 63-69

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED
FILED OCT 1 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>6290</u>				
2 <u>0290</u>				
3				
4 <u>1</u>				
5 <u>2</u>				
6 <u>1</u>				
7 <u>0</u>				
8 <u>2</u>				
9 <u>172x</u>				
10				
11				
12 <u>1-0</u>				
13 <u>1-0</u>				
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF		
Lee A. McNeel, Jr., M.D.				

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lockwood Mo.</u> Length of stay in 1b <u>3 wks</u>		c. CITY OR TOWN <u>So Greenfield Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>So Greenfield</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Rosa</u> Middle <u>May</u> Last <u>Denney</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>17</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 2 1885</u>
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. NAME OF FATHER'S NAME <u>Lewis Burgett</u>	
14. NAME OF MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Gaberele W Denney</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></u>	
17. INFORMANT <u>Arthur Denney So. Greenfield Mo.</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Uterus (Endometrium)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
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 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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		
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>Aug 10, 1962</u> to <u>9-17-63</u> and last saw her alive on <u>9/17/63</u> Death occurred at <u>9:30a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lee A. McNeel, M.D.</u>		22b. ADDRESS <u>Greenfield, Mo</u>	22c. DATE SIGNED <u>9/19/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 19 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>	23d. LOCATION (City, town, or county) (State) <u>Dade Mo.</u>
24. FUNERAL DIRECTOR <u>Allison Funeral Home Greenfield Mo.</u>	ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>9/24/1963</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Me

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.