

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0010561

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3623

Registrar's No.

FILED 29 65

VS 300
Rev. 4/59

10425

20920

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4 1

5 2

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9/20/1

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11

12 86-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Deepwater</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Jackson Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>Sen. Delaney</u>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>CAROLINE</u> Last <u>DENNY</u>		4. DATE OF DEATH Month <u>3</u> Day <u>23</u> Year <u>65</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>8-20-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Edgerton Mo.</u>
13a. FATHER'S NAME <u>Calvin Harner</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Sales</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>No</u>	17. INFORMANT <u>Rhoda Perry Deepwater Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychoneurosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3-hrs.</u> <u>year.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>9:23</u> a.m. <u>AM</u> Month, Day, Year <u>3/23/65</u>		20f. CITY, TOWN, OR LOCATION <u>Edgerton Mo.</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.)	
21. I attended the deceased from <u>1/10/65</u> to <u>3/23/65</u> and last saw her/him alive on <u>3/20/65</u> Death occurred at <u>9:23 AM</u> <u>3/23/65</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James C. Clouse D.D.</u>		22b. ADDRESS <u>105 E. Ohio Clinton, Mo</u>	
22c. DATE SIGNED <u>5/23/65</u>		22d. LOCATION (City, town, or county) (State) <u>Edgerton Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-25-65</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>		23d. LOCATION (City, town, or county) (State) <u>Edgerton Mo.</u>	
24. FUNERAL DIRECTOR <u>McGOMMAS Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>3-23-65</u>	
ADDRESS <u>Smithville Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Begim</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER R.B.BON

1980150

APR 9 1965

APR 14 1965

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0420
0420

1004

0420

Unpaid Outstanding

5 2365 1915

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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.