

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16220

State File No.

JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROWNINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROWNINGTON</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROWNINGTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSS</u> b. (Middle) <u>L</u> c. (Last) <u>DENZLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 15, 1863</u>
9. AGE (In years, last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	11. BIRTHPLACE (State or foreign country) <u>BEVIER Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Denzler</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>	
14. NAME OF HUSBAND OR WIFE <u>Mollie Denzler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Craftser</u>		ADDRESS <u>Brownington Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerosis heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>20 yrs</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>46</u> , to <u>May</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>21-May</u> , 19 <u>52</u> and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>5-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/29/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-29-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sichman & Dunning</u>		ADDRESS <u>Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed Robert J. Dunning

Licensed Embalmer No. 7710

P. O. Address Clinical 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 this body is not embalmed, fact should be so stated above.