

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **11658**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 39

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Leesville</b>                                       |  |
| c. LENGTH OF STAY (If this place) <b>1 day</b>  |  | d. STREET ADDRESS (If rural, give location) <b>RRX 2 Brownington</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hosp</b>                         |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>R.</b> c. (Last) <b>Denny</b>   |  |   | 4. DATE OF DEATH <b>April 8 1955</b><br>(Month) (Day) (Year) |   |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>             |  |
| 8. DATE OF BIRTH <b>Nov. 23 1882</b>  |  | 9. AGE (In years last birthday) <b>72</b>     |  | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b> |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Obrian Co. Iowa</b>         |  |
|   |  |   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Ira Smith</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Reta Morton</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Desmoines Denny</b>                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give year or dates of service) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>none</b>          |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Desmoines Denny</b> ADDRESS <b>Brownington Mo.</b> |  |

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|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 yrs</b><br><br><b>10-12 yrs</b> |
|---|--|--|--|--|--|

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION                                 |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   | 20. AUTOPSY?<br>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) (Min.) |  | 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 Apr 8, 1955, to Apr 8, 1955, that I last saw the deceased alive on Apr 8, 1955, and that death occurred at 4:30P m., from the causes and on the date stated above.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>[Signature]</b>        |  | 23b. ADDRESS <b>106 S. Third Clinton, Mo.</b> |  | 23c. DATE SIGNED <b>Apr 12, 55</b>                                      |  |
| 24a. BIRTHPLACE, CREMATION, REMOVAL (Specify) <b>Rural</b> |  | 24b. DATE <b>April 11 55</b>                  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>King</b>                          |  |
|  |  |   |  | 24d. LOCATION (City, town, or county) (State) <b>Henry Co. Missouri</b> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG <b>April 11-55</b> |  | REGISTRAR'S SIGNATURE <b>Florence Adair</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Conner</b> ADDRESS <b>Clinton, Mo.</b> |  |
|--|--|---|--|--|--|

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

**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 \_\_\_\_\_

*J. E. Conzalez*  
Licensed Embalmer No. 1891

P. O. Address Clinton NY

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.