

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37786  
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 2513 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Leesville Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Brownington RR#209</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>Home near coal, Mo</b>			Length of stay in lb <b>25 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Near Coal, Mo.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>Eugene</b> Last <b>Denny</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>21</b> Year <b>1956</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 2, 1907</b>		9. AGE (In years last birthday) <b>49</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HRS. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Henry Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>D. Denny</b>				14. MOTHER'S MAIDEN NAME <b>Maude R. Smith</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs Carl Denny Brownington, Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>crushed chest</b>								INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		8300		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - <b>3</b>									
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.) <b>crushed under own truck.</b>							
20c. TIME OF INJURY Hour <b>04:00</b> Month <b>11</b> Day <b>21</b> Year <b>56</b> a. m. <b>p. m.</b>									
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>farm</b>		20f. CITY, TOWN, OR LOCATION <b>Leesville twsr</b>		COUNTY <b>Henry</b>		STATE <b>MO</b>	
21. I attended the deceased from _____ to <b>11-21-56</b> and last saw her/him alive on <b>D.O.A.</b> Death occurred at <b>P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>R J Powell (coroner)</b>				22b. ADDRESS <b>Clinton mo.</b>				22c. DATE SIGNED <b>11-24-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 24, 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Park's Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Henry Co. Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>J. E. Cosaluo Clinton, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-24-56</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

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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.....  
Signature of Student Embalmer

Signed *Eugene R. Convalley*.....

Licensed Embalmer No. *46*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.