

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029034

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

Davis Township

Length of stay in 1b

Minutes

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

7 1/2 Mi. S W of Higginsville

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Iowa

b. COUNTY

c. CITY OR TOWN

Des Moines

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

920 Cryston Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Myrtle

Middle

E

Last

Denger

4. DATE OF DEATH

Month

July

Day

28

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

85

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Peter Hedges

13b. MOTHER'S MAIDEN NAME

?

Vawter

14. NAME OF HUSBAND OR WIFE

Albert A. Denger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles & Edward Denger Des Moines, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

(1) Multiple fractures of ribs & sternum
(2) Poss. ruptured lungs
(3) Fracture of Right Humerus - Instant
(4) Fracture of Right Ulna & Radius.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause given in Part I.

(5) Fracture of Right Hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car accident - One mile E. 13+40 Junction

20c. TIME OF INJURY

Hour

Month, Day, Year

11:30 p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

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 _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Acting Coroner)

(Degree or title)

22b. ADDRESS

Higginsville Mo July 28-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-29-1963

23c. NAME OF CEMETERY OR CREMATORY

Davis

23d. LOCATION (City, town, or county)

Davis, Iowa

24. FUNERAL DIRECTOR

ADDRESS

Forrest A. Hoefler Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

July 29, 1963

26. REGISTRAR'S SIGNATURE

Lute H. Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10540

28140

3

4 1

5 3

6

7 1

8 2

9 X

10

11 054

12 70-3

13 2-0

AUG 14 1963

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 Paul H. Wilson

Licensed Embalmer No. 5192

P. O. Address Lexington, Missouri

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.