

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26873

State File No.

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3477</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>2 Mos</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>328-N-Chelsea</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>328-N-Chelsea</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | b. (Middle) <u>Ellie</u> | | c. (Last) <u>Deniston</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 - 1949</u> | | | |
| 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>Feb-18-1878</u> | | | |
| 9. AGE (In years last birthday) <u>71</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Stafford Kansas</u> | | | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Furley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Clifton</u> | | | |
| 13c. NAME OF HUSBAND OR WIFE <u>Ralph C. DENISTON</u> | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 15. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>D.L. Deniston</u> | | | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME | | 18. ADDRESS <u>Kas. City 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. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, stomach</u> | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | | 151X | | 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>Aug 6, 1949</u> to <u>Aug 11, 1949</u> , that I last saw the deceased alive on <u>Aug 6, 1949</u> , and that death occurred at <u>1:38 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE OF REGISTRAR (Degree or title) <u>Caul E. Pearson</u> | | | | 23b. ADDRESS <u>1025 Rialto Bldg K.C.</u> | | 23c. DATE SIGNED <u>8/12/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u> | | 24b. DATE <u>Aug 17 49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stafford Kansas</u> | | | |
| DATE REC'D BY LOCAL REG. <u>8-12-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Foster</u> | | ADDRESS <u>Kansas City mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1948

1025 - Ruel's Body
1 - from Standard
Vic 4751

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 _____

Law Clark

Licensed Embalmer No. _____

47/6

P. O. Address _____

K. C. 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.