

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41156
Registrar's No. 480

BIRTH NO. 74749-50 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

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

480
3

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sugar Creek	
c. LENGTH OF STAY (In this place) 46 days		d. STREET ADDRESS (If rural, give location) 11105 Burton	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA INDEPENDENCE SANITARIUM			

3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) Richey c. (Last) Dendish			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1950		
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0	
8. DATE OF BIRTH Oct. 24, 1950		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 1 Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Jackson County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Frank Dendish		13b. MOTHER'S MAIDEN NAME Vertie H. Gilmore		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Dendish, Sugar Creek, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		ANTECEDENT CAUSES DUE TO (b) <u>Chronic embolism</u>			7620	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. S. ...</u>		23b. ADDRESS 4050 Broadway St. S.W.		23c. DATE SIGNED 12-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE Dec. 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Carson</u>		ADDRESS Independence, Mo.	

DEC 20 RECD

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 Charles E. Schroeder

Licensed Embalmer No. 4241

P. O. Address Independence, 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.