

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24311

State File No. 38

FILED JUL 30 1953

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5376 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN RURAL Grand River		c. CITY OR TOWN Kansas CITY	
c. LENGTH OF STAY (in this place)		3498	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 37 E. 32ND TERRACE	

3. NAME OF DECEASED (Type or Print) CURTIS Keshie DENNY			4. DATE OF DEATH (Month) (Day) (Year) 7-26-1953		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-15-1948	9. AGE (In years last birthday) 4-11-11	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Kansas City - Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
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13a. FATHER'S NAME CARL L. DENNY		13b. MOTHER'S MAIDEN NAME Martha P. SWANSON		14. NAME OF HUSBAND OR WIFE -	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARL L. DENNY father K.C. MO	
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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) Skull Fracture		DUE TO (b) Car accident				instant	
*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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grand River DeKalb Mo.		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Grand River DeKalb MO.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 26 53 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car wreck	
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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 6 P.M., from the causes and on the date stated above.

22a. SIGNATURE John Brown Caravan (Degree or title)		23b. ADDRESS Moxville Mo		23c. DATE SIGNED 7-27-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-28-53		24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City; town, or county) (State) K.C. Kansas	
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DATE REC'D BY LOCAL REG. 7-27-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS De Moss Crown Cemetery	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
220
3

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 _____

Leona G. Burk

Licensed Embalmer No. 25-33

P. O. Address. Cameron, 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.