

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37967
State File No.

5113
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5113

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY, W.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>5330 N. Euclid</u>	
3. NAME OF DECEASED a. (First) <u>DOROTHY</u> b. (Middle) <u>B.</u> c. (Last) <u>DESCHENEUX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 31, 1885</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>House Wife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13a. FATHER'S NAME <u>PATRICK MALONE</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE LAWLER</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGE L. DESCHENEUX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD ESMITH</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralyzed Arteriosclerosis</u> 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 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) (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 <u>August</u> , 19 <u>56</u> , to <u>Nov 25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>56</u> , and that death occurred at <u>7⁴⁰ a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Bernard L. Mullins M.D.</u>		23b. ADDRESS <u>1806 Supt St. KC 16 Mo.</u>	
23c. DATE SIGNED <u>11-26-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>11-26-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Hills</u>	
24d. LOCATION (City, town, or county) (State) <u>Crainfield, Mass</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome</u>	
DATE REC'D BY LOCAL REG. <u>11-26-56</u>		REGISTRAR'S SIGNATURE <u>neva minshel</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome</u>		ADDRESS <u>No. KC, 16 Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Bernard L. Mullins

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.....
Licensed Embalmer No. 4949
P. O. Address No. Kansas

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.