

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1957

State File No. **44705**  
**5418**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City, Mo.</u>	c. LENGTH OF STAY (If this place) <u>3 days</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>		A. STREET ADDRESS (If rural, give location) <u>814 East 5th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Denah</u> b. (Middle) <u>Patricia</u> c. (Last) <u>Lee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 13 56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child 0</u>	8. DATE OF BIRTH <u>6-12-53</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>7th Leavenworth, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Ray Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Elena Quarantelle Lee</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 ADDRESS <u>Elena Quarantelle Lee, 814 E 5th, K.C., 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, Hemorrhagic</u> ANTECEDENT CAUSES DUE TO (b) <u>Jaundice</u> DUE TO (c) <u>infectious hepatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH          <u>092X.</u>
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) _____		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 12-13, 1956, to 12-13, 1956, that I last saw the deceased alive on 12-13, 1956, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>C</u>		23b. ADDRESS <u>1710 Indep Ave. K.C. Mo.</u>		23c. DATE SIGNED <u>12-13-56</u>	
---	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt St Marys</u>		24d. LOCATION (City, town, or county) (State) <u>KC Mo</u>	
---	--	---------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>12-14-56</u>		REGISTRAR'S SIGNATURE <u>new minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John B. Rogatona: KC mo</u>	
--	--	---	--	---	--

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

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 *Beau B. Argenta*.....

Licensed Embalmer No. *4723*.....

P. O. Address *ECMO*.....

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.