

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029067

STATE FILE NUMBER

FILED SEP 5 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3968

300
1-57 b

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>St. Luke Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>5400 Myrtle</u>	
3. NAME OF DECEASED (Type or print) First <u>Bernard</u> Middle <u>Ambrase</u> Last <u>Denison</u>		4. DATE OF DEATH Month <u>8</u> Day <u>16</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept-6-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ambrase Painting Co. K.C., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Julius Denison</u>		13b. MOTHER'S MAIDEN NAME <u>Lurda Love</u>	14. NAME OF HUSBAND OR WIFE <u>Lorraine Denison</u>
15. (a) DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year of discharge or service) <u>Yes. U.S. #</u>		16. SOCIAL SECURITY NO. <u>496-07-2416</u>	17. INFORMANT <u>Ms. Lorraine Denison</u> Address <u>5400 Myrtle St. Kansas City, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Stenosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>42-11</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson</u> COUNTY <u>MO</u> STATE	
21. I attended the deceased from <u>1/12/58</u> to <u>8/16/58</u> and last saw her alive on <u>8/16/58</u> Death occurred at <u>11:20 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard L. Lehner, M.D.</u> (Degree or title)		22b. ADDRESS <u>1103 Ward Kansas City, Mo.</u>	
22c. DATE SIGNED <u>8/16/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-20-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>C.H. Blackman & Son Inc</u> ADDRESS <u>K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-58</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

All diseases in Part I must be causally related.

Richard L. Lehner, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

K.C. 72464 and Embalmer's Statement on Reverse Side

Dr Lehman
Prog Bldg.



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 *W.C. Rivine*

Licensed Embalmer No. *4899*
P. O. Address *D.C., Md.*

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.