JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-010894

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1379

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 1 1/2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters of Poor — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 617 S. Pyle (Rear) — Reside on Farm Yes ☒ No ☒

3. NAME OF DECEASED (Type or print) First ELLA Middle ------ Last DENGLER

4. DATE OF DEATH Month March Day 6, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3/18/74
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home R.
11. BIRTHPLACE (City and state or country) Streeter, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Hugh Boner
13b. MOTHER'S MAIDEN NAME Sarah Mc Gough
14. NAME OF HUSBAND OR WIFE George Dengler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Joseph E. Mc Cormick, Address Calif. Downey,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza — 10 days
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/19/59, to 3/6/60 and last saw her/him alive on 3/5/60
Death occurred at 11:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Fogarty (Degree or title) DO
22b. ADDRESS 402 Northman Rd. K. 610 Mo
22c. DATE SIGNED 3/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3/8/60
23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS Daniels Bros., Kansas City, Kansas
25. DATE RECD. BY LOCAL REG. 3-8-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Joseph A. Fogarty

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard L. Porte

Signature of Student Embalmer

Licensed Embalmer No. 3757

P. O. Address 19 [illegible] & N

K. S. K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con

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.