

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019358

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2865 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 43 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 812 BALES COURT		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Frank Middle Otho Last Denney				4. DATE OF DEATH Month May Day 27 , Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH DEC 21, 1886	9. AGE (last birthday) 73 yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE PRESIDENT JOHN A MARSHALL CO.			10b. KIND OF BUSINESS OR INDUSTRY LOWRY CITY MO.		11. BIRTHPLACE (City and state of country) USA			12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME DAVID W. DENNEY			13b. MOTHER'S MAIDEN NAME MARY J. MILLAM			14. NAME OF HUSBAND OR WIFE ELLA MAE DENNEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES			16. SOCIAL SECURITY NO. 495 05 1300		17. INFORMANT ELLA M. DENNEY 812 BALES COURT			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma - Pancreas							INTERVAL BETWEEN ONSET AND DEATH 1 yr		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - -									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE	
21. I attended the deceased from Feb-60 to May 26-60 and last saw her alive on 5/26/60 Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) H. Tripp				22b. ADDRESS 6247 Brookside Blvd				22c. DATE SIGNED 5/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE MAY 28, 1960	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM		23d. LOCATION (City, town, or county) CLINTON MISSOURI		State		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.				25. DATE RECD. BY LOCAL REG. 5-27-60		26. REGISTRAR'S SIGNATURE newer minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915
P. O. Address A. C. Me

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