

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-011531

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6461

STATE FILE NUMBER 44631

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>Life</u>		Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Luthern Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>5146 Georgia</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Bobby</u> Middle <u>Sharon</u> Last <u>Denny</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>21</u> Year <u>1961</u>		
--	--	--	--	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/20/1961</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>1</u> Days <u>23</u> Min.
-----------------	---------------------------	---	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (City and state or country) <u>K.C. Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Robert L. Denny</u>	13b. MOTHER'S MAIDEN NAME <u>Shirley Drake</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Robert L. Denny</u> Address <u>K.C. Kansas</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>Bacteremia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Intrauterine infection</u>	
	DUE TO (c) <u>Premature rupture of membranes</u>	
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 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	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 <u> </u> STATE <u> </u>
---	--	--	--

21. I attended the deceased from <u>12/20/1962</u> to <u>12/21/62</u> and last saw her/him alive on <u>12/21/61</u> Death occurred at <u> </u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>Dan L. Berger, M.D.</u>	22b. ADDRESS <u>Shawnee Mission, Kansas</u>	22c. DATE SIGNED <u>12/21/62</u>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/23/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u>
--	------------------------------	--	---

24. FUNERAL DIRECTOR <u>E. Paul Amos</u> ADDRESS <u>Shawnee, Kansas</u>	25. DATE RECD. BY LOCAL REG. <u>12-26-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Dan L. Berger

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  _____
x E. Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee, 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.