MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-018924

2696 STATE FILE NUMBER

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

FILED JUN 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 3478
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4 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY, MISSOURI
Length of stay in 1b: 49 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL, KC, MO.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY, MO.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 519 W 34th St., KC, MO.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ISAAC Middle: Jr. Last: DENNIS
4. DATE OF DEATH: Month: MAY Day: 16 Year: 1962
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/18/93
9. AGE (last birthday): ~~69~~ 68
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): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: JANITOR
11. BIRTHPLACE (City and state or country): MINERVA, Arkansas.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CHARLIE DENNIS
13b. MOTHER'S MAIDEN NAME: ITA HICKS
14. NAME OF HUSBAND OR WIFE: GEORGIA DENNIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
16. (If yes, give war or dates of service): 7/18/18 to 11/28/18
17. INFORMANT: VA HOSPITAL RECORDS 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): Pneumonia, advanced, secondary to pulmonary embolism and pulmonary infarctions, bilateral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pericarditis, massive
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Thrombophlebitis, right leg.
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. VA attended the deceased from 3/5/62 to 5/16/62 and last saw her/him alive on 5/16/62
Death occurred at 3:20 AM 5/16/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: STEPHEN PARKS M.D. Degree or title
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 5-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-21-62
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Fort Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS: Mrs. Meek's Mortuary, K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 5-18-62
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

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 Millard B Paskins

Licensed Embalmer No. 5613.

P. O. Address KC, MO

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.