

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40913

State File No.

5136

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5136</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>6 days 2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo</u>		0451	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>307 Watts Ave</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Darlene</u>		b. (Middle) <u>Beryl</u>		c. (Last) <u>Offinier</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>5</u>		(Year) <u>1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>Aug. 1, 1937</u>	
9. AGE (In years last birthday) <u>13 yrs.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Offinier</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth May Bowers</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Offinier</u> ADDRESS <u>307 Watts Ave Fayette, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>MYASTHENIA GRAVIS</u>				3 mo.	
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7440	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-29</u> , 19 <u>50</u> , to <u>12-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-5</u> , 19 <u>50</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1624 Park Bldg</u>		23c. DATE SIGNED <u>12-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Dubin L. Keeley</u>		ADDRESS <u>Hodge</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Dixon L. Kepley*

Licensed Embalmer No. *4225*

P. O. Address *Indio, Cal*

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 this body is not embalmed, fact should be so stated above.