

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30214

State File No. \_\_\_\_\_

3890

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, mo-938</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7912 Ward Parkway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Mr Charles</u> b. (Middle) <u>Pennell</u> c. (Last) <u>Denny Sr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 11 1951</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-12-1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--	--------------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Plumbing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>	11. BIRTHPLACE (State or foreign country) <u>Parsons, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>Charles A Denny</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Carmett</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Denny</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish American</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Denny</u>	ADDRESS <u>7912 Ward Parkway</u>
---	--------------------------------------	--	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		4427
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage 24 hrs</u> DUE TO (c) <u>Cardio-Vascular renal disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug 11, 1950, to Sept 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Orval T. Needels M.D.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>7400 Wornall K.C. Mo</u>	23c. DATE SIGNED <u>Sept 12, 1951</u>
--	--------------------------------	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Mariah</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-12-51</u>	REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u>	ADDRESS
--	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

FILED SEP 22 1951

No. 300  
10-48

---

---

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 .....

Student Embalmer

Signed

*Russell N France*

Licensed Embalmer No. *#255*

P. O. Address *K. C. 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 this body is not embalmed, fact should be so stated above.