

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1223

State File No. ....

FILED JAN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Jackson</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>                           |  | d. STREET ADDRESS (If rural, give location) <u>1441 Independence</u>   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Rella</u> b. (Middle) _____ c. (Last) <u>Denniston</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>1 1 1952</u> |  |  |
|---|--|--|--|--|--|

|                      |                               |   |  |   |                              |                            |  |
|----------------------|-------------------------------|---|--|---|------------------------------|----------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 6 - 1873</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 1 YEAR Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--|---|------------------------------|----------------------------|--|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Primes Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|--|---|

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|--|--|--|
| 13a. FATHER'S NAME <u>Joseph Parmenter</u> | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | 14. NAME OF HUSBAND OR WIFE <u>Jesse Denniston</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'S SIGNATURE OR NAME <u>Jesse Denniston</u> ADDRESS <u>K.C. Mo.</u> |
|--|-------------------------------------|--|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>45</u><br><u>500</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized arteriosclerosis and senility</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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 Nov. 6, 1951, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

|  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>24th &amp; Cherry</u> | 23c. DATE SIGNED <u>1-2-1952</u> |
|--|---------------------------------------|----------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Jan 2 - 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Primes Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Primes Iowa</u> |
|--|-------------------------------|---|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>1-2-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Foster</u> ADDRESS <u>K.C. Mo.</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Mullins*

RECEIVED  
MAY 28 1957

**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 *Raymond F. Holmann*

Licensed Embalmer No. *4266*

P. O. Address *Kansas City*

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.