

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9070**

FILED MAR 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1105

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY (in this place) 40 YEARS | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | • STREET ADDRESS (If rural, give location) 70 1800 W. 41st STREET 3708 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) EVELYN c. (Last) Dennis | 4. DATE OF DEATH (Month) (Day) (Year) 3 18 1956 |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 10-21-01 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days | IF UNDER 1 Wks. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXCHANGE TELLER | 10b. KIND OF BUSINESS OR INDUSTRY TWIN CITY STATE BANK | 11. BIRTHPLACE (City and State or Foreign Country) LAMONTE, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? J. S. A. |
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| 13a. FATHER'S NAME JOSEPH CAFFEE | 13b. MOTHER'S MAIDEN NAME ADA STREET | 14. NAME OF HUSBAND OR WIFE FLOYD B. DENNIS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 494-14-0429 | 17. INFORMANT'S SIGNATURE OR NAME WILLIS LEE CAFFEE | ADDRESS 229 South 10th St. Kansas City, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Myocardium | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. two Previous Infarction | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Jan. 1, 1950**, to **Mar. 10, 1956**, that I last saw the deceased alive on **Mar. 10, 1956**, and that death occurred at **9:30 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE W. A. Slentz | W. A. Slentz (Degree or title) M.D. | 23b. ADDRESS 315 Nichols Rd. K.C. Mo. | 23c. DATE SIGNED 3-11-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE MAR-13-1956 | 24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 3-13-56 | REGISTRAR'S SIGNATURE Reva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer | ADDRESS 1331 Broadway Plaza Kansas City Mo. |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Chester E Brown*

Licensed Embalmer No. *49*

P. O. Address *KE Y*

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.