

**FEDERAL BUREAU OF INVESTIGATION**  
**U.S. DEPARTMENT OF JUSTICE**  
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**U.S. DEPARTMENT OF JUSTICE**

FILED VS NOV 17 1959

59-040485

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5237

RECEIVED

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>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	
Length of stay in 1b <u>13 hrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy</u>		d. STREET ADDRESS (If outside, give location) <u>210 Bluff Street</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Wrisinger Joyce Brenda</u>			4. DATE OF DEATH <u>Oct 31, 1959</u>		
First Last Middle			Month Day Year		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-59</u>	9. AGE (last birthday) <u>3</u> Months <u>3</u> Days <u>3</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>	11. BIRTHPLACE (City and state or country) <u>Richmond, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Bobby Wrisinger</u>	13b. MOTHER'S MAIDEN NAME <u>Judy Grass</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
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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) <u>Child</u>	16. SOCIAL SECURITY NO. <u>Child</u>	17. INFORMANT Address <u>Bobby Wrisinger 210 Bluff St. Excelsior Sp. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>
IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>		
DUE TO (b) <u>Congenital Heart Disease - incompletely</u>		
DUE TO (c) <u>diagnosed.</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>1:30</u> a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10-30-59 to 10-31-59 and last saw her alive on 10-31-59  
 Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Stanley Penna M.D.</u>	22b. ADDRESS <u>1910 Independence Ave K.C. Mo</u>	22c. DATE SIGNED <u>Oct 31, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>10 31 - 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Richard Funeral Home, Ed Spina</u>	25. DATE RECD. BY LOCAL REG. <u>11-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Dora Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Stanley Penna

**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

*Ralph W. Standring*

Licensed Embalmer No. 4009

P.O. Address Evolution Springs

**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.