

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-017395

10 MAY 29 1961
AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2332 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COLORADO COUNTY DENVER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN DENVER | |
| Length of stay in 1b 3 days | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL | | d. STREET ADDRESS (If outside, give location) 1420 LOGAN- OLIN HOTEL | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM C. DENNIS | | | 4. DATE OF DEATH Month Day Year May 11 1961 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10-23-89 |
| 9. AGE (last birthday) 71 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY GOV'T AUDITOR | 11. BIRTHPLACE (City and state or country) LOUISVILLE, KENTUCKY USA |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME WILLIAM C. DENNIS | |
| 13b. MOTHER'S MAIDEN NAME BEETIE P. CORNELL | | 14. NAME OF HUSBAND OR WIFE MARY B. DENNIS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWE | | 17. INFORMANT Address John C. Dennis 716 E. 97th. K. C. Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asthma | | | INTERVAL BETWEEN ONSET AND DEATH 40 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intestinal Obstruction, surgically Relieved | | | 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 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 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 |
| 21. I attended the deceased from 2 PM 5-9-61 to 6:15 AM 5-11-61 and last saw her/him alive on 5-11-61 Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Walt on C. Ingham (Name or title) <i>Walt on C. Ingham M.D.</i> | | 22b. ADDRESS 4620 Nichols Pkway Kansas City, Mo. | 22c. DATE SIGNED 5-11-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 5-11-61 | 23c. NAME OF CEMETERY OR CREMATORY FAIRMOUNT CEMETERY | 23d. LOCATION (City, town, or county) (State) DENVER, COLORADO |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER; S SONS | | 25. DATE RECD. BY LOCAL REG. 1961 Brush Creek | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> |

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1928.11.24

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 Leub. Michael

Licensed Embalmer No. 4340
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.