

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025130

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3441

STATE FILE NUMBER

AMENDED

FILED JUL 28 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 37 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 222 E. 72nd Terrace		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 222 E. 72nd Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **GEORGE** Middle Last **DENNING** 4. DATE OF DEATH Month **7** Day **7** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6/27/86** 9. AGE (last birthday) **75** 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) **Self Employed** 10b. KIND OF BUSINESS OR INDUSTRY **Oil & Gas Station** 11. BIRTHPLACE (City and state or country) **Bosworth, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Washington R. Denning** 13b. MOTHER'S MAIDEN NAME **Annie E. Stout** 14. NAME OF HUSBAND OR WIFE **Doll Lee Denning**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** 17. INFORMANT Address **Doll Lee Denning, 222 E. 72nd Terr.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease**
DUE TO (b) **Generalized arteriosclerosis**
DUE TO (c) **Multiple Arterial Thromboses**
Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH **1 year.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the principal cause listed in PART I. If deceased was female was there a pregnancy in last 90 days.
Multiple Arterial Thromboses
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **3-31-61** to **7-7-61** and last saw him alive on **7-6-61**
Death occurred at **12:01 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Carl R. Ferris M.D.** (Degree or title) 22b. ADDRESS **535 Ligule Blvd Kansas City Mo** 22c. DATE SIGNED **7-8-61**

23a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7/10/1961** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah** 23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomer's Sons, Kansas City, Mo.** ADDRESS **1331 Brush Creek Blvd.** 25. DATE RECD. BY LOCAL REG. **7-10-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF **Carl R. Ferris**

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

Vern Lawler

Licensed Embalmer No. 4915

P. O. Address J.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.