



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 652		DATE: 3/20/2023
COMMITTEE: Health and Mental Health Policy		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/20/2023 11:43 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and it's Intension of Requiring Doctors to Register with the State before issuing Death Certificates. This brings on Accountability and Responsibility and cuts down on Financial and Insurance Fraud.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DON OTTO		PHONE NUMBER: 573-635-1661	
BUSINESS/ORGANIZATION NAME: MISSOURI FUNERAL DIRECTORS ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1757 WOODCLIFT			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/20/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			