

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **12463**

FILED MAY 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1687**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYENCE Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lake Side</b>		d. STREET ADDRESS (If rural, give location) <b>None 1070 X</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>S</b> c. (Last) <b>Bennett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-17-51</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-29-1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>West Va.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>GARRETT BENNETT</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA HENRY</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIE ANN BENNETT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Chester Dennis - 426 Cambridge</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) <b>Paralytic ileus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension prostatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b> <b>4 yrs.</b> <b>4341</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Hypertrophy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Oct-1950**, to **4-17-1951**, that I last saw the deceased alive on **4-17-1951**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Maurice M. McGrath</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>6045 Truman Blvd. K.C.</b>		23c. DATE SIGNED <b>4/28/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-17-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>	
24d. LOCATION (City, town, or county) (State) <b>Shelby Mo.</b>					

DATE REC'D BY LOCAL REG. <b>4-18-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John P. Sheil K.C. Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 14 1937

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed John P. Shief  
Licensed Embalmer No. 3625

P. O. Address K @ Ho

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 this body is not embalmed, fact should be so stated above.